

www.AlamosaRec.org

View and register for recreation programs and facility availability online!

For online registration assistance follow the *Online Registration FAQ's* link or call 719-589-2105

Weather and Information Hotline
719-587-2554

Family Recreation Center

Fall/Winter Hours
(beginning September 7th)

Mon-Thurs: 6:00 AM - 10:00 PM

Friday: 6:00 AM - 6:00 PM

Saturday: 7:00 AM - 3:00 PM

Sunday: CLOSED



Alamosa Family Recreation Center

2222 Old Sanford Road
 Alamosa, Colorado 81101
www.alamosarec.org
 Phone: (719) 589-2105
 Fax: (719) 587-3541

Room Rental Form

Today's Date: _____

CUSTOMER INFORMATION			
Last Name:		First Name:	
DOB:			
Current address:			
City:		State:	
Primary Phone:		Zip Code:	
Secondary Phone:		Male	Female
(required) Email Address:			
ROOM REQUESTED			
Date of Event:			
Time of Event:			
Proposed Activity:			
ROOM RATES			
	PRIVATE	NON-PROFIT Governmental County/State/Fed	COMMERCIAL
CONFERENCE ROOM	\$20	\$10	\$40
CHILDREN'S ROOM	\$20	\$10	\$40
MULT-PURPOSE GYM	\$50	\$35	\$100
1/2 GYM	\$50	\$35	\$100
STUDIO ROOM	\$40	\$30	\$80
MEETING ROOM	\$40	\$30	\$80
Full Facility	\$260	\$200	\$520
<small>**ADDITIONAL \$25.00 PER HOUR IF AFTER HOURS</small>		<small>** 2% OF GROSS SALES ON CITY OF ALAMOSA PROPERTY</small>	
ROOM SETUP			
Number of Tables			
Number of Chairs			
Sound System/DJ			
Podium			
Special Requests			



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CUSTOMER INFORMATION			
Last Name:	First Name:	DOB:	
Current address:			
City:	State:	Zip Code:	
Primary Phone:	Secondary Phone:	Male	Female
(required) Email Address:			

ADDITIONAL FAMILY MEMBERS				
First Name:	Last Name:	DOB:	Gender:	
			Male	Female
			Male	Female
			Male	Female
			Male	Female
			Male	Female
			Male	Female
			Male	Female

MEMBERSHIP RATES <small>(1/01/2010)</small>					
	DAILY	MONTHLY	SEMI-ANNUAL	ANNUAL	20 PUNCH CARD
ADULT (16+)	\$4	\$20	\$110	\$200	\$60
COLLEGE		\$16	\$85	\$150	
FAMILY		\$45	\$235	\$400	
MARRIED COUPLE		\$30	\$165	\$300	
SENIOR (55+)	\$2	\$10	\$55	\$100	\$30
YOUTH (6-15)	\$2	\$11	\$58	\$100	\$35

EMERGENCY CONTACT INFORMATION			
First Name:	Last Name:	Relationship:	Primary Phone Number:

ALAMOSA FAMILY RECREATION CENTER	
<p>IN CONSIDERATION OF YOUR ACCEPTING THE ENTRIES ON THIS FORM, I HEREBY, FOR MYSELF AND MY FAMILY MEMBER(S) WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE CITY OF ALAMOSA AND ITS REPRESENTATIVES, EMPLOYEES, SUCCESSORS FOR ANY AND ALL INJURIES SUFFERED BY MYSELF OR MY FAMILY MEMBERS AT THE ABOVE DESIGNATED ACTIVITIES SPONSORED BY THE ALAMOSA PARKS & RECREATION DEPARTMENT.</p> <p>CHILDREN MUST BE 14 YEARS OF AGE TO ACCESS THE CARDIOVASCULAR ROOM & OVERHEAD TRACK WITHOUT PARENTAL SUPERVISION.</p>	
Signature of applicant:	Date: