



CUSTOMER POOL PARTY REQUEST FORM

Pool: _____ Date of Party: _____

Start time: _____ End time: _____ *There is a two hour minimum per party*

Sponsor's Name: _____ Sponsor's Address: _____
 Phone #: _____
 Number of Attendees: _____
 Age Group: _____

Please note that "number of attendees" is the TOTAL PARTY ATTENDEES and not the estimated number of swimmers.

Will alcoholic beverages be served? YES NO

One additional guard is required for any party involving teenagers, college-age people, or when alcohol is served

SPMC reserves the right to shut down a party if it is significantly under guarded. Please be accurate!
 FOR INSURANCE LIABILITY PURPOSES THERE WILL BE NO EXCEPTIONS TO THE COVERAGE POLICIES.

Please initial one of the following:

I would like SPMC to automatically cancel my lifeguard(s) if there is bad weather. _____

I will call SPMC 2 hours in advance if I wish to cancel the lifeguard(s) due to bad weather. _____

I understand that if I fail to cancel and he/she shows up, the guard will be paid and I will not receive a refund.

A sponsor may cancel with 24 hours notice to receive a full refund. Parties cancelled with less than 24 hours notice will receive a 50% refund.

If a party is cancelled due to inclement weather, a full refund will be issued.

- Note:**
1. Sears Pool Management will provide no lifeguards beyond the hour of 12:00 am (midnight)
 2. In the event that a pool party extends beyond the original scheduled time, the customer agrees to pay additional charges to cover the lifeguards pay. The rate for this will be \$30.00 per hour for each guard. The coverage cannot be prorated. Because of this, please be accurate when scheduling your party.
 3. Lifeguards will call breaks during the party at the regularly scheduled "Adult Swim" time set by the pool.

Sponsor's signature: _____ Date: _____

Pool Chair's signature: _____ Date: _____

Please note there is a \$25 late registration fee if the party is booked less than 7 days in advance.

We do not guarantee coverage on parties booked less than 7 days in advance.

Payment is due at time of request. Guards will not be scheduled until payment is received.

# of attendees	# of guards	Amount per hour	# of hours	Total amount to be paid (Please write below)	Method of payment (Please circle below)
1-25	1	\$25			
26 to 60	2	\$50			
61 to 100	3	\$75			
101 to more	4	\$100			CHECK BILL HOA CREDIT CARD

<p>SPMC Office Use Only</p> <p>Confirmed with: _____ Date: _____</p> <p>Confirmed by: _____ Entered MITC: _____</p> <p>Date Payment Received: _____ CHECK # _____</p> <p>Invoice # _____</p> <p><i>*If paying by credit card, please call the SPMC office.</i></p>	<p style="text-align: center;">GUARDS NAMES:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>
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