Indoor Pool Party Reservation form

NEED A MINIMUM OF 1/2 HOUR BETWEEN PARTIES

Date of Party:	
Swim Time:	(up to one hour)
Party Time:	(up to one hour)
Parent's Name:	Member No:
Phone Number:	
Email Address:	
	(M or F)
Age:	
Number of children attending par	ty:
Number of chaperones:	
Drink Preference (you receive two	2 liter beverages) (Circle choices)
Coke Diet Coke Spri	ite Lemonade Hawaiian Punch
Other:	
Color of tablecloth (check notebook	k for color availability):
Additional Special Preferences: _	
•	90.00 for a total of 16 people (birthday child and ach additional child over the initial 16.
<u>-</u>	within three (3) days of making the reservation. ied to the total amount due for the party.
	TO PARTY/SWIM TIMES WILL INCUR AN TIONAL \$30.00 FEE
OFFICE USE ONLY	
Deposit Amount:	Date Received:
Total Amount Due at party:	(Cost of party minus deposit received)
	neck Check #:
Reservation taken by	Date Taken: