

Supervisor _____
Director _____

Date Information Taken: _____

2019 Sweetwater Pools, Inc.
Request for Private Function/Pool Parties

Pool Name: **Meadowlake Village** Party Date: _____ Day _____

Party Time: _____ am/pm to _____ am/pm # of People _____ Adults/Children/Both
Before/During/After Normal Operating Hours (Circle One) (No parties allowed after 12:00 a.m.) **Alcohol? NOT PERMITTED**

Type of Party _____ Clubhouse Rental Yes or No Time: _____

RESIDENTIAL INFORMATION:

Party Contact: _____ Hm Phone: _____
Address: _____ Wk Phone: _____
_____ Cell Phone: _____
Email: _____ Fax # _____

- **All parties are subject to individual pool facility policies.**
- Minimum of ten (14) days are required to reserve a party. Payment is due within 5 days of your booking or your reservation will be cancelled.
- **Party Rate:** \$20.00 per guard per hour. **Pool Rental Rate: \$55.00**
- 4 Hour pool party minimum for all parties.
- Parties *outside of normal operating hours*: 2 guards for up to 25 guests. 3 guards for up to 50 guests; 1 guard per 25 patrons thereafter.
- Parties *during normal operating hours*: For 1-25 guests 1 add'l lifeguard required (**Max 25 Guests during normal hours and clubhouse rental is required.**)
- The lifeguards will clear the pool 15 minutes before the party ends and will begin closing procedures.
- Inclement Weather Policy. Cancellation for guard hours is required 2 hours prior to event. If homeowner decides to start party and then cancel due to weather, payment is due for that hour for all guards present.
- **No cash accepted.** All monies are payable in full by check or money order.

Pre/Post Season Parties:

There is an additional fee of \$60.00 for all parties held before and after regular swim season. This fee is for additional cleanings required to have pool in good order before and after the parties.

Resident Signature: _____ Date _____ SP Received _____

Sweetwater Office Use Only:

Approved by _____ Date _____

Title (Prop Mgr/Liaison) _____

Total Party Hours _____ x # of Guards _____ x \$20.00 = \$ _____

Additional HOA fees if applicable \$ _____

Total Amount Due \$ _____

PYMT: Check # _____ Money Order# _____ Invoice HOA Y/N (attach copy)

Credit Card: VISA MC AMEX DISCOVER

Card # _____ Expiration Date _____

Name As It Appears On Card _____

Receipt Sent Y/N Date _____ Entered into Dream Scheduler: Date _____ By _____

Staff Notified: Date _____ By _____