



\$200/1 HR (>25)
\$250/ 1 HR (<25)
\$125/ADD. HR

DATE:
TOTAL:



SWIM PARTY REGISTRATION

DATE REQUESTED: _____ TIME REQUESTED: _____

NAME: _____ # OF ATTENDEES: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

***NO REFUNDS WILL BE GIVEN FOR PARTIES CANCELLED WITHIN TWO WEEKS OF THE SCHEDULED DATE - HOWEVER, YOU MAY RESCHEDULE A NEW PARTY DATE AND UTILITIZE 50% OF YOUR ORIGINAL PAYMENT TOWARDS YOUR NEW DATE. IF CANCELLED WITHIN 48 HOURS OR A NO SHOW, NO REFUND IS GIVEN.**

COMPLETE WAIVER AND RELEASE OF LIABILITY REQUIRED TO REGISTER

SIGNATURE: _____ DATE: _____

PARENT OR GUARDIAN IF UNDER AGE 18