Cape St. Claire Swim Club PARTY RESERVATION FORM

Reservation for a party does not guarantee exclusive use of the pool or pavilion.

This form must be received 14 days prior to the party date. Guest Fees, Guest List and Lifeguard Fees must be received 7 days prior to the party date.

Party Name (Event): Party Date Requested:		Sponsor Member (He	Sponsor Member (Host):		
		Start Time:_		End Time:	
Phone (H):	(W):	(Cell):	E-mail:_		
GUEST LIST A completed Party Gue	st List Form must be	submitted no later than <u>7</u>	days prior to	the party date.	
years old and over 60 y	ears old are free. Gu	lest Fees must be paid no	later than 7 d	\$5.00 per guest. Guests under 2 ays prior to the party date. sponsored parties at the pool.	
TOTAL Non-Member (Guests:	Guest Fees: \$	(Rate:	\$5.00/non-member)	
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LIFEGUARDS

A lifeguard is required for a party of more than 20 guests, plus another for every additional 15 guests. The member or lease hosting the party must contract for guards at a rate of \$25.00 per hour per guard. The number of lifeguards can change if the pool management company, the guards, or board of governors determine necessary. Payment is required for a minimum of 4 hours. Lifeguard fees must be paid no later then 7 days prior to the party taking place.

If the party is oriented toward the **Baby Pool**, an additional guard is mandatory. The only responsibility of this guard will be watching over the **Baby Pool**.

CLEANUP

Party Sponsors (Hosts) are responsible to ensure the area is cleaned at the conclusion of the party. The pavilion must be cleaned before you leave. This includes removal of all decorations and trash. The deck must be swept and/or hosed off. Cleanup is not limited to the pavilion. Cleanup must be completed by the close of the party contract time. Failure to clean up may result in denial of future use of the pool and/or pavilion.

Lifeguards are **NOT** responsible for party cleanup.

CANCELLATION POLICY

Guard and guest fees will be refunded if the party is cancelled at least 24 hours prior to the party Start Time. The pool management company, board of governors, and guards reserve the right to cancel the party at any time prior to or during the party in the event of inclement weather, or other mitigating factors at the discretion of said authorities.

After reading the following statement, please sign/date this form and submit with payment.

I have read and understand the above policies. I agree to release and discharge Cape St. Claire Swim Club and its agents from any liability incurred as a result of injury or loss while on the premises throughout the duration of the party.

Sponsor Member (PRINT):	<u> </u>
Sponsor Member Signature:	Date:

MAKE ALL CHECKS PAYABLE TO: Cape St. Claire Swim Club (CSCSC)

Return this form to the 'social' mailbox by the entrance to the pool.

For questions, please email: party@capepool.com

FOR CSCSC USE								
Extra Life Guards Required: Y / N	Party Date and Time	es Scheduled: Y / N	Guest List	Received: Y/N				
Guest Fees Received: Y/N	Check No:	Date Recvd:	_ Ret: Y/N	Date:				
Guard Fees Received: Y/N	Check No:	Date Recvd:	_ Ret: Y/N	Date:				