

Holly Trace Pool Party Request Form

Upstate Pool Management

Pool Name: _____ Date of Party: _____ Time of Party: _____

Sponsor Name: _____ Sponsor Phone: _____

Sponsor Address: _____

Age group of People Attending: _____ ** Will Alcohol be Allowed: ___ Yes ___ No

The following guideline will be used to assign the appropriate number of lifeguards to your party. "Number of People" guideline is based on **TOTAL PARTY ATTENDEES NOT** estimated "swimmers." **Please note that one (1) additional lifeguard is required for any party involving teenagers, college-age people, or alcohol.**

| <u>Number of People</u> | <u>Number of Guards</u> | <u>Amount Due</u> |
|-------------------------|-------------------------|-------------------------------------|
| 1-10 | 1 | # Party Hours _____ |
| 11-25 | 2 | |
| 25-60 | 3 | # Guards _____ |
| | | # Guards x 30 min. Clean-Up _____ |
| | | (This is a MANDATORY FEE PER GUARD) |
| | | Total Hours _____ |
| | | Hourly Rate x \$20.00 _____ |

** Please note that one additional guard is required for any party involving teenagers, college students, and/ or alcohol. No lifeguard shall be provided by UPM beyond the hour of 1:00 am. The hourly rate is \$20.00 per lifeguard hour.**

Total Owed to UPM \$ _____

Check # _____

The sponsor must also provide one chaperone for each of 10 people at a youth, teenage, or college-age party. Based on the above guidelines, the sponsor will provide _____ chaperones. **Chaperones are expected to provide constant supervision and added support to the lifeguard staff during the party.**
Their names are:

Special Instructions or Additional Information:

NO cash will be accepted. Pool Party Request form and your pool manager MUST receive check at least 1 week prior to the event. It is the responsibility of the Sponsor to verify pool and lifeguard availability on the party date with the pool manager.

Make Checks Payable to:
Upstate Pool Management
PO Box 1933
Simpsonville, SC 29681

For insurance and liability reasons, there can be NO exceptions to the above policies!
This signed form MUST be completed and returned to pool manager at least
ONE WEEK PRIOR TO PARTY!

Sponsor's Signature: _____ Today's Date: _____