



CRABAPPLE POOL



PARTY DATE _____

DEPOSIT PAID _____

OPEN CONCESSION (Y/N) _____

PAID IN FULL _____

SPLASH PARTY APPLICATION

7:30 - 10:00 PM

DATE OF PARTY: _____

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

EMAIL: _____

PHONE NUMBERS: (HOME) _____ (CELL) _____

NUMBER OF "SWIMMING" PARTY GUESTS: _____

THIS IS VERY IMPORTANT FOR STAFFING PURPOSES

ABSOLUTELY "NO" ALCOHOLIC BEVERAGES ARE PERMITTED ON CRABAPPLE POOL/PARK PROPERTY OR YOUR DEPOSIT WILL BE KEPT.

ALL GUESTS MUST EXIT THE PARK NO LATER THAN 10:15 PM OR YOUR DEPOSIT WILL BE KEPT. IT IS YOUR RESPONSIBILITY THAT ALL RULES & REGULATIONS ARE FOLLOWED BY YOUR GUESTS.

The undersigned agrees to accept the responsibility for observance of all Pool Rules by the members of the above named organization. Neither Crabapple Park and Pool nor the Township of Sewickley shall be held liable for personal injury to any individual.

Signature

Date

DO NOT WRITE BELOW THIS LINE

PAYMENT(S) DUE AT TIME OF RESERVATION (CHECK FORM ONLY*)

PARTY DEPOSIT (\$150.00) (RESERVES YOUR DATE) OPEN CONCESSION FEE (\$50.00)

THESE ARE TWO SEPARATE CHECK(S)* APART FROM PAYMENT IN FULL.

YOUR DEPOSIT WILL BE KEPT IF YOU CANCEL YOUR DATE.

DEPOSIT(S) PAID _____ DATE _____ CHECK #(S) _____

TOTAL PARTY PAYMENT DUE* \$ _____

***PAYMENT IN FULL IS DUE ONE WEEK PRIOR TO PARTY DATE**

CHECK #: _____ CREDIT: _____ CASH: _____

***MAKE ALL CHECKS PAYABLE TO CRABAPPLE POOL**