



Sears Pool Management Consultants, Inc.  
 1180 Hightower Trail, Atlanta, GA 30350  
 770-993-7492 Phone 770-993-7491 Fax

## 2008 CUSTOMER POOL PARTY REQUEST FORM

Pool: \_\_\_\_\_ Date of Party: \_\_\_\_\_

Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

\*\*There is a two hour minimum per party\*\*

|                            |                          |
|----------------------------|--------------------------|
| Sponsor's Name: _____      | Sponsor's Address: _____ |
| Phone #: _____             | _____                    |
| Number of Attendees: _____ | _____                    |
| Age Group: _____           | _____                    |

\*\*Please note that "number of attendees" is the TOTAL PARTY ATTENDEES, and not the estimated number of swimmers.\*\*

Will alcoholic beverages be served?      YES      NO

\*\*One additional guard is required for any party involving teenagers, college-age people or when alcohol is served.\*\*

SPMC reserves the right to shut down a party if it is significantly under guarded. Please be accurate!  
 \*FOR INSURANCE LIABILITY PURPOSES THERE WILL BE NO EXCEPTIONS TO THE COVERAGE POLICIES.\*

Please initial one of the following:

I would like SPMC to cancel my lifeguard(s) if there is bad weather. \_\_\_\_\_

I will call SPMC 2 hours in advance if I wish to cancel the lifeguard(s) due to bad weather. \_\_\_\_\_

\*\*I understand that if I fail to cancel and he/she shows up, the guard will be paid and I will not receive a refund.\*\*

A sponsor may cancel with 24 hours notice to receive a full refund. Parties cancelled with less than 24 hours notice will receive a 50% refund.  
 If a party is cancelled due to inclement weather, a full refund will be issued.

Sponsor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Please note there is a **\$25 late registration fee** if the party is booked less than 7 days in advance.\*\*

\*\*We do not guarantee coverage on parties booked less than 7 days in advance.\*\*

Pool Chair's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Payment is due at time of request. Guards will not be scheduled until payment is received.\***

| # of attendees | # of guards | Amount per hour | # of hours | Total amount to be paid<br>(please write below) | Method of payment<br>(please circle one below) |
|----------------|-------------|-----------------|------------|---|--|
| 1 to 25        | 1           | \$25            |            |   | CASH OR CHECK                                  |
| 26 to 60       | 2           | \$50            |            |   |  |
| 61 to 100      | 3           | \$75            |            |   |  |
| 101 or more    | 4           | \$100           |            |   |  |

|                                       |                      |
|---------------------------------------|----------------------|
| <b>SPMC Office Use Only</b>           | <b>GUARDS' NAMES</b> |
| Confirmed with: _____ Date: _____     | 1. _____             |
| Confirmed: _____ Confirmed by: _____  | 2. _____             |
| Date Payment Received: _____          | 3. _____             |
| CASH / CHECK # _____ Invoice #: _____ | 4. _____             |