## Treehaven Swim Club Event Agreement

After completing, please mail to: PO BOX 1133 Aliquippa, PA 15001

Member Name:Da	Date of Event:	
Party Times: (circle one) 1:00-4:30 or 5:00-		ated below. )
Party Location: (circle one) Deep End or Baby Po	ol (both include 2 table	es with grill)
# of Guests, this includes spectators (circle one)	26-50	51-100
<ul> <li>All fees include a non-refundable \$50 deposited scheduling to secure your date.</li> <li>Deposit will not be refunded unless Treed pool the day of your scheduled event, in another available date or ask for a refundence of the security of the day of your scheduled event, in another available date or ask for a refundence of the security of the secur</li></ul>	haven Swim Club m which you can resch prior to your schedu ourposes. I will m Treehoven is not of my guests. Tre	ust close the nedule for alled event.  ming or onitor my responsible for eehoven is not
Member's Signature	Date	
Board Member's Signature	Date	
Any questions, please reach out to <b>L</b>	iza <b>724-494-4029</b> (te	ext is best)