## Treehaven Swim Club Events Agreement

P.O. BOX 1133, Aliquippa, PA 15001

	,		
Member Name:	Phone#		
Event Date:	Time (	circle one): 12-4pm or 5-9pm	
Event Description:			
Location (circle one): Deep End	or Baby	Pool	
Number of expected guests:		_	
Party fee Costs: \$85 for 25 peopl	e or less,	\$100 for over 26 people	
Please initial that you understand: in due to insurance purposes. (Mer ensuring that every person at your	nbers & I	Non-Members) You are responsib	-
Initial			
Treehaven reserves the right to clo rescheduled or refunded. A \$50 de area. Remainder of party fee will b sheet for party guests. You will als with this agreement.	eposit mu be due at t	st be paid to reserve an event date the end of the event, along with th	e/time and e sign in
Member Signature	Date	Board Member Signature	Date
(Filled out by Treehaven party co	mmittee (	only)	
Request Taken By:		Date:	
Amount Collected for Deposit:		_Date collected:	
Event Party Fee:NOT	'ES:		_