Treehaven Swim Club Event Agreement

P.O. BOX 1133, Aliquippa, PA 15001

Member Name:			
Event Date and Time:			
Event Description:			
Location (circle one):	Deep End	Upper Deck	Baby Pool
Number of expected guest	s:	_	
Party fee Costs \$65. Each you have more than 10 nor	-		
Please initial that you under in due to insurance purpos been paid for and noted on Initial	es. You are respo	onsible for ensuring that ea	ch non-member has
Will you be cleaning up af	ter your event?	Yes No	
If the answer is no for prev I am choosing to leave the understand that there is a \$ scheduled.	responsibility of	cleaning up after my event	
	Initial	: Date:	
Treehaven reserves the rig rescheduled or refunded. (corresponding sign in shee is scheduled. You will also agreement.	Guest fees are to t for party guests	be paid at the end of the ev . Deposits are required at t	ent along with the the time the event
Member Signature	Date	Board Member Signature	Date
Request Taken By: Amount Collected for Dep NOTES:	osit:	Date: Party Fee:	
<i>After Party Completion:</i> <i>Was the area cleaned up pa</i> <i>Number of Non- Member/p</i> <i>Guest fees collected by:</i>			