



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.****

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 (please write below)	Method of payment (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			

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