

Request for Pool Party

Sponsor Name: _____ Community: _____

Address: _____

City, State, Zip: _____ Phone: _____

Date of Party: _____ Time Requested: _____

Number of People Attending(Number should include swimmers and non-swimmers): _____

Number of People Attending

Number of Lifeguards Required

1-25

1

26-50

2

51-75

3

76-100

4

Number of Lifeguards Required(Please use chart above): _____

Multiply the number of guards required by the number of hours for the party: _____

Multiply the total labor hours by \$18.00 per hour: _____ This is your total.

Please make check payable to pH Pool Management.

*Mail this form along with check to pH Pool Management 9115-L Old Statesville Rd
Charlotte, NC 28269 at least one week prior to the date of your party.