

BROOKSIDE SWIM CLUB

Party Reservation Form

Date Reserved _____ DATE OF PARTY _____

Last Name _____ First Name: _____

Phone _____

E-Mail Address _____

Estimated number of guests _____

Please circle party time 1pm-4pm or 5p – 8pm (limited to 3 hour duration)

Type of Party (ie, birthday, reunion etc) _____

- Please return this form to the Pool Manager with a non-refundable reservation fee of \$25.00 to reserve your party. The remaining guest fee will be due on the day of the party before guests arrive. A guest list must be provided to the main office before guests arrive.
- Please read the REVISED party policy information sheet before signing below. (attached)

Remember that the club belongs to its members. Please be courteous to the members of Brookside when hosting your party to ensure that everyone at the pool has an enjoyable day.

Thank you and have a wonderful party at Brookside!

By signing below, I acknowledge that I have read and understand the party policy information sheet. I will adhere to these rules and policies for the safety of the members and guests of Brookside Swim Club.

I acknowledge that I have read and understand the Adult Guest section of the party policies including alcohol consumption and I take full responsibility for all guests consuming alcohol at my party.

I take full responsibility for all children who do not pass the Brookside swim test will possess an authorized personal floatation device such as swimmies and must be accompanied by an adult in the main pool at all times.

Brookside reserves the right to ask any member or guest to leave if they are a danger to themselves or others.

Print Name: _____ Date _____

Signature: _____