



Party Information Sheet

Are you a member of the Wylie Swim Club? YES NO

Contact Name _____ Date of Party: _____ Time of Party _____

Please choose from the following Party Dates & Hours.
(Subject to date & time slot availability)
Monday, Tuesday, Thursday - 10:00am-Noon or 8:00-10:00pm
Friday & Saturday - 10:00am-Noon or 8:00-10:00pm
Sunday – 5:30-7:30pm

Phone Number _____ Email _____

Type of Party _____

Number of Attendees: (Circle One)	less than 40	41-80
WSC Member prices*	\$200.00	\$275.00
Non-WSC Member Prices*	\$300.00	\$375.00
Local Church Groups*	\$200.00	\$275.00

*Prices for a 2-hour party.

Please note that adhering to the 2-hour time frame allows our staff to begin preparing for opening (or closing) the pool. Thank you for your consideration.

A \$50.00 deposit is required to reserve your party date. **We cannot hold the date until we receive the \$50.00 deposit.** The remainder balance may be paid at the time of the party.

A refundable damage deposit of \$100.00 will be required for all parties of over 40 participants.

*Please make checks payable to "Wylie Swim Club", and if mailed, please address to 7474 Buffalo Gap Rd, 79606.

I understand that I am responsible for the welfare and conduct of my guests. NO LIFEGUARD is provided.

- **Note to those parties privately hiring their own lifeguard(s):** We provide a lifeguard chair. However, as a private swim club we do not have AED's, backboards or lifeguard floats. If the lifeguard requires these items, it is up to the lifeguard or her/his employer to provide them.
- **Please note that all guests age 14 and over will be required to sign a Waiver of Liability before entering the party.**

Signature of responsible host _____ Date _____

- Food may be brought in for a party; **no glass containers or alcohol.**
- If you need to use the on-site **grill** to prepare food, there is an **additional \$20 fee (circle here if applicable).**
- We have **limited** refrigerator or freezer space for your use.
- There are **8** picnic tables at the Swim Club.

For Staff Use Only

\$50 Deposit Date Paid _____ Charge Cash Check# _____

\$100 Damage Deposit (if applicable) Date Paid _____ Charge Cash Check# _____

Name of Person that paid: _____ Remaining Balance Due: \$ _____

Marked on Party Calendar? YES NO Informed supervisor? YES NO

WSC Staff Name _____ Notes: _____

Remaining Balance \$ _____ **Date Paid** _____

Circle One: Charge Cash Check# _____ Staff Name _____

Notes: _____