



# Pool Management Made Easy

9801 Kincey Avenue Suite 160  
Huntersville, NC 28078

Date of Party: \_\_\_\_\_ Time of Party : \_\_\_\_\_

Is there a specific Lifeguard(s) you would like to work this event \_\_\_\_\_?

Resident's Name: \_\_\_\_\_ Resident's Address: \_\_\_\_\_

Resident's Phone Number: \_\_\_\_\_ Name of Neighborhood and/or Swim Club: \_\_\_\_\_

Age Group of Attendees: \_\_\_\_\_ \*\*Will Alcohol be Allowed: \_\_\_\_\_ Yes \_\_\_\_\_ No

**COST:** The appropriate number of lifeguards will be assigned to your party based on the information you provide below. Please note that **one (1) additional lifeguard is required for teenage / college age parties, or any party involving alcohol. The rate is \$20.00 per lifeguard HOUR, except for parties involving alcohol which are \$30.00 per lifeguard HOUR.**

Check Number of People Attending (**EVEN IF NOT swimming**): \_\_\_\_\_ 1- 25 (requiring 1 guard); \_\_\_\_\_ 26-60 (requiring 2 guards); \_\_\_\_\_ 61-86 (requiring 3 guards); or 87+ (requiring 4+ guards)

**Fee Calculation:**

# of Party Hours	_____
add ½ hour for closing/clean up time	_____ .5
# of Lifeguards	_____
Hourly Rate Per Lifeguard (\$20 or \$30)	_____
Total Owed to SCMG	_____
Check #	_____

The Resident must also provide one chaperone for each 10 people at a teenage party. Based on the above guidelines, the sponsor will provide \_\_\_\_\_ chaperones. **Chaperones are expected to provide constant supervision and added support to the lifeguard staff during the party.**

Additional Instructions or Information:

\_\_\_\_\_

**It is the responsibility of the resident to verify pool and lifeguard availability on the party date with the pool manager. NO lifeguard shall be provided by Swim Club Management Group, Inc. beyond the hour of 12:00 a.m. All parties and special events are required to use ONLY SCMG Lifeguards. No Cash.**

**Make Checks Payable to:**  
Swim Club Management Group, Inc.  
9801 Kincey Avenue Suite 160  
Huntersville, NC 28078

**For insurance and liability reasons, there can be NO exceptions to the above policies! This signed form MUST be completed and returned to the pool manager with payment at least SEVEN DAYS PRIOR TO PARTY!**

Resident's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Pool Manager's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**\*\*Inclement Weather Policy: Please contact a staff member at the pool directly at least 2 hours prior to start of party, if you choose to cancel or reschedule. Please DO NOT contact the SCMG office to cancel or reschedule.\*\***

[Type text]

**Company Use:** Date Received \_\_\_\_\_ Payment Received \_\_\_\_\_ Y \_\_\_\_\_ N \_\_\_\_\_  
Amount of Payment \_\_\_\_\_ Name of Lifeguard Rec. Payment \_\_\_\_\_