Berwick Area YMCA
Swimming Pool Party Contract

Party Date:_____ For:_____ Age:_____

Sat / Sun Time: 1:00 2:15 3:30 4:45

Total guests

Name:_____ **25 swimmers $135 _____**

Address:_____ **26-40 swimmers $145 _____**

Phone:_____ **41-60 swimmers $160 _____**

e-mail:_____ **Inflatable $185 _____**

Pool Party Package includes:

- **Exclusive use of pool and private party room for (1) hour each**
- **Certified, trained staff to insure the safety of all guests**
- **Tables, chairs, and refrigerator in each party room**
- **Party host to assist you and your guests throughout the party**

Our Inflatable party includes all of the benefits of our basic party package plus:

- **Use of our 39 foot in-water obstacle course for the duration of your pool time**

Please read the following and sign below:

1. **I understand that full payment is expected at reservation.**
2. **I agree to advise my guests that all patrons are expected to follow YMCA rules and instructions given by YMCA staff.**
3. **I agree to leave the party room in good condition**
4. **I understand that no alcohol or tobacco are permitted on YMCA property**
5. ***Because another party may be scheduled immediately after my party, I agree to have all guests and belongings clear of the party room at the designated end time.***
6. **If I choose to cancel my party, I understand that, with at least a 24 hour notice, my payment can be applied to another party date or be refunded minus a $25 service fee. Rescheduling is subject to availability.**
7. **I understand that all swimmers will be swim tested for safety purposes**
8. **In the event of thunderstorm, the pool must be evacuated, and the party will be redirected to the gymnasium**
9. **THERE IS NO SMOKING ALLOWED ON YMCA PROPERTY**

I have read, understand, and agree to the terms set forth above. I further agree that it is my responsibility to share the above information with my guests. I agree to assume responsibility for the party and the behavior of my guests.

Signature of responsible party:_____ date:_____

Payment:_____ Rec´d by:_____ Date:_____ Receipt:_____