

Sears Pool Management Consultants, Inc. 1180 Hightower Trail, Atlanta, GA 30350 • Phone 770-993-7492 Fax 770-993-7491

www.searspool.com

EMAIL COMPLETED FORM TO lifeguard@searspool.com CUSTOMER POOL PARTY REQUEST FORM

Pool:		Date of Party:			
Start time: _		End time:	ne: *There is a two hour minimum per party*		
Sponsor's Name:			Sponsor's Email:		
Phone #:					
Number of Attendees:			Sponsor's Address		
Age Group:					
Please no	te that "number of	f attendees" is the TOTAL PA	RTY ATTEND	EES and not the estimated numb	er of swimmers.
	-	Will alcoholic bevera	0		
One additional	l guard is requi	red for any party involvi	ng teenager	s, college-age people, or wh	en alcohol is served
SPMC reserves the right to shut down a party if it is significantly under guarded. Please be accurate! FOR INSURANCE LIABILITY PURPOSES THERE WILL BE NO EXCEPTIONS TO THE COVERAGE POLICIES.					
Please initial one o	f the following:				
I will call	SPMC 2 hours in	advance if I wish to cance	1 the lifeguard	is bad weather l(s) due to bad weather d will be paid and I will not reco	
A sponsor may ca		notice to receive a full refund party is cancelled due to incle		led with less than 24 hours notice a full refund will be issued	will receive a 50% refund.
2. In the eve The rate f your party	I Management will pr nt that a pool party ex or this will be \$30.00 /.	rovide no lifeguards beyond the ho stends beyond the original schedul	our of 12:00 am (led time, the custo erage cannot be p	midnight) omer agrees to pay additional charges ororated. Because of this, please be ac	
			Date:		
			Date:		
	Please note there *We do 1	e is a \$25 late registration fe not guarantee coverage on p	e if the party is arties booked	s booked less than 7 days in adv less than 7 days in advance.*	ance.
		I		e scheduled until pay	
# of attendees	# of guards	Amount per hour	# of	Total amount to be paid	Method of payment
1-25	1	\$28	hours	(Please write below)	(Please circle below)
26 to 60	2	\$56			CHECK BILL HOA
61 to 100	3	\$84			
101 to more	4	\$112			CREDIT CARD*
			*	If paying by credit card, ple	ase call the SPMC office.
SPMC Office Us	e Only: Entered	in MITC		GUARDS NA	
Guard(s) Confirm	ed with Custome	er on by			

Date Payment Received: _____ CHECK # _____ Credit Card Processed _____

Invoice # _____

2. _____

3. _____

4. _____