



CSCM

Charlotte Swim Club
Management, Inc.

16511-D Northcross Dr. 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	_____
# of Lifeguards	_____
Hourly Rate Per Lifeguard (\$20 or \$30)	_____
Total Owed to CSCM	_____
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 Charlotte Swim Club Management, Inc. beyond the hour of 12:00 a.m. All parties and special events are required to use ONLY CSCM Lifeguards. No Cash.

Make Checks Payable to:

Charlotte Swim Club Management, Inc.
PO Box 3591
Huntersville, NC 28070

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: _____

[Type text]

Company Use: Date Received _____ Payment Received _____ Y _____ N _____
Amount of Payment _____ Name of Lifeguard Rec. Payment _____