

V.I.S.D. Aquatics Center

Today's Date ___/___/___

Party Information

Honoree's Name: _____ Age: _____

Parent or Guardian Name: _____ Phone: () _____

Party Options	Party Fees
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Date of Party ___/___/___

Estimated No. of Children _____

0-30 Swimmers-

2 Lifeguards (@ \$10.00 an hour per guard)

30+ Swimmers-

3 Lifeguards (@ \$10.00 an hour per guard)

Parent or Guardian Name: _____

Print

Signature

Management: _____

Print

Signature

Additional Comments: _____
