

Dolphin Party Agreement

Name of Party: \_\_\_\_\_

Name of Person Registering: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Party Date: \_\_\_\_\_ Estimated Number of Guests: \_\_\_\_\_

(Party date is not confirmed until we confirm your date and provide you with a time slot for your party.)

Thank you for choosing the Dolphin Swim Club to have your next party. Please read and complete the following when booking your party:

1. Final head count and guest lists are due two weeks before the party for staffing purposes.
2. Fees for party guests are \$10.00 per person, with a minimum of 20 guests and a maximum of 50. A \$100.00 deposit is due with this form. **All checks can be made payable to Lower Southampton Township.**
3. No outside vendors will be allowed in the club. You may bring in outside food and party supplies like balloons, table covers, etc.
4. Guests must obey all the rules of the pool. They will be dismissed from the club for not following the rules and you WILL FORFEIT YOUR SEASON PASS MEMBERSHIP.
5. Absolutely no alcoholic beverages are permitted inside the club. All coolers and containers brought into the club will be checked.
6. In the event we must close BEFORE your party starts we will work with you for a rain date. Once the party has started there will be no refunds. If we are open the day of the party, there will be no refunds.
7. **NO GLASS BOTTLES, JARS, BOWLS, ETC**
8. **Absolutely NO nails, screws, tacks, staples, pins, etc...are permitted in the club.**

Please sign this form to acknowledge that you have read and understand the information, and then return it to the Parks and Recreation office at the Municipal Building located at 1500 Desire Avenue in Feasterville, PA 19053. If you have any questions please contact Walt Mulholland at [wmulholland@lstwp.org](mailto:wmulholland@lstwp.org) or 215-357-7300 ext:316

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature Date

GUEST LIST

\*Guest list MUST be emailed to [recreation@lstwp.org](mailto:recreation@lstwp.org) the Wednesday BEFORE your party\*

Party Name: \_\_\_\_\_

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

Name	Adult	Minor	Checked In	Paid

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Party Name: \_\_\_\_\_

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

Name	Adult	Minor	Checked In	Paid