

Advantage Pool Management, LLC COMMERCIAL MANAGEMENT POOL PARTY REQUEST FORM

PLEASE PRINT AND COMPLETE THIS BID REQUEST FORM AND RETURN IT VIA EMAIL, FAX OR DIRECTLY IN
PERSON.

NAME: _____

SUBDIVISION POOL NAME: _____

DATE OF PARTY: _____

TIME OF PARTY: _____

FROM: _____ TO: _____

AGE RANGE OF PARTY ATTENDEES: _____

I UNDERSTAND 1 GUARD PER 20 ATTENDEES WILL BE SCHEDULED WHETHER ATTENDEES
ARE SWIMMING OR NOT **Y OR N**

MAILING ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE NUMBER: _____

2ND CHOICE PARTY DATE IF POOL NOT AVAIL: _____

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