

PLEASE
PRINT
LEGIBLY



THE VILLAGES OF WELLINGTON



2022 Pool Party Request

Private Property Owner Events Only! Events Not Open to the Public!

POA Member Name

Email

Address

Phone - Daytime

- ◆ Eligibility POA Member account must be paid in full and in good standing. Host POA Member must be in attendance at event.
- ◆ Schedule Payment and signed request form required before PARTY REQUEST can be confirmed.
- ◆ Payment Pay fee in full to Pool Staff by POA member's check or money order (no 3rd party checks) at least 3 days prior to event. NO CASH.
- ◆ Attendance Semi Private Party: Max 15 members & guests - total includes all invitees - children & adults. Private fee charged if over 15 attend.
- ◆ Attendance Private Party: Max of 60 members & guests - total includes all invitees - children & adults. Event ended if attendance exceeds 60.
- ◆ Cancellation Two day notice prior to party in order to cancel & receive full refund. Submit written request to a Pool Manager for approval.
- ◆ Refund Peak Properties refunds Pool Mgr approved written refund requests (for cancellation/ rain out) submitted by end of 2022 Pool Season.

1. Indicate Date for Type of Party & Number of Guests

					Attendance Max: 1 - 15 persons - Semi-Private Up To 60 persons - Private Party
	/ /2022	/ /2022	/ /2022	/ /2022	/ /2022
	Time: Start to End to	Time: Start to End to	Time: Start to End to	Time: Start to End to	Time: Start to End to
	# Attendees/Age*	# Attendees/Age*	# Attendees/Age*	# Attendees/Age*	# Attendees/Age*
Monday	<input type="checkbox"/> Monday 1-10pm	<input type="checkbox"/> Monday 1-10pm	<input type="checkbox"/> Monday 1-10pm	<input type="checkbox"/> Monday 1-10pm	Semi-Private ** Party-Max 15 Tues-Fri 10am-6pm Guards Provided
Evening...	<input type="checkbox"/> Tue-Sun 8-10pm 2 hours 2 guards	<input type="checkbox"/> Tue-Sun 8-10pm 2 hours 3 guards	3 hours 2 guards	3 hours 3 guards	
	\$150	\$200	\$200	\$250	\$100

* Indicate age range for minors

** Must End by 6:00pm

2. Sign

My signature below certifies that I have read and agree that all attendees of this requested event will comply with The Villages of Wellington Pool Rules. I hereby accept responsibility for restoring the cleanliness of the facility, as well as, financial responsibility for any damages that may occur to the facility or property within. If maximum attendance is exceeded I agree to terminate event immediately and/or pay Private Party Rate.

Date _____

POA Member Signature _____

3. Submit Payment to:

The Villages of Wellington
Lifeguards at Pool Office

NO CASH

Returned Checks
Will Incurr A
\$25.00 NSF Fee

Payment Verification - Date Received: _____

Amount Paid \$ _____ Check # _____



Bottom Portion for Lifeguard Only - - - Tear-Off Portion Must Accompany Check in Payment Drop Box



Checks Must Be in POA Member's Name - No 3rd Party Checks Allowed

CONFIRMATION OF VOW POOL PARTY REQUEST

Date of Party _____ Time _____ POA Member Name _____

Amount Paid \$ _____ Address: _____

Reservation and Payment

Received by: _____

Date Rec'd: _____

Lifeguard Must Verify VOW Records:

VOW Owner Name & Address ok

Owner Account Paid in Full ok

INITIAL HERE

Peak Processing:

Acct # 3613 - _____

Check # Verified _____