

City of Ellis PRIVATE SWIM PARTY

DATE OF SWIM PARTY: _____

Sunday - Thursday: 7pm to 9pm TIME (Check One):
Friday - Saturday: 6pm to 8pm 7pm to 9pm

FOR WHOM: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

FEES (Check One)	
<input type="checkbox"/> WITH SLIDE -- \$100.00	<input type="checkbox"/> WITHOUT SLIDE -- \$75.00

DATE DEPOSIT PAID: _____

RECEIPT #: _____

DATE PAID IN FULL: _____

RECEIPT #: _____

LIFEGUARDS: _____

OTHER COMMENTS: _____

A deposit of \$25.00 is required to reserve a date.

There is a \$10.00 fee for cancellation notice of less than 24 hours.
(This fee may be waived if good cause is shown for the cancellation.)