



WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT

260 Cooper Road
Rochester, New York 14617
Telephone: (585) 336-3014
Fax: (585) 336-3154
www.westirondequoit.org

Birthday Pool Party Agreement

Parent/Guardian Name: _____

Address: _____ Phone: _____

Email Address: _____

Date requested: _____ ***Must register by the 15th of the month prior to pool party date***

(Available times: Saturday afternoon OR Sunday afternoon)

Fee: **\$140** per party

Number of swimmers: _____ Must confirm exact # 3 days prior to event at 336-3014.

(Maximum 30 swimmers per party)

Age range of swimmers: _____

Reserve faculty cafeteria for food (may bring own food) _____ Yes _____ Time requested

Additional fee of **\$40** Decorations- Not provided

Optional birthday desserts: ***Must order 1 week in advance*** _____ Yes

Cookie cake (1/4 sheet size, can feed up to 24) **\$12**

Personalization on cake: _____

Cupcakes **\$1** each _____ Chocolate _____ Vanilla

Quantity _____

Important Notes: Please share these with your party attendees

- **Children unable to swim on their own without a floatation device must be accompanied with an adult (18 years or older) in the pool.**
- Adults attending but not swimming must be in upper bleachers.
- All pool rules apply.
- Available for your use: personal floatation devices, large floats, noodles.
- A pass for one free family swim to each of your party attendees included in fee.

TOTAL FEES: _____

Parent/Guardian Signature

Date

Community Education Director Signature