

Rosewood Hills Pool Party Scheduling Contract
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Name of Resident sponsoring party	
Address of resident	
Phone or email address	
Type of party (birthday, ball team, etc)	
Date and Time requested (2-hour limit)	
Size of group	
Number of adults to be present	

I understand that I am responsible for the behaviors of those attending the party and cleaning up after the party. **I understand that there will be at least one adult chaperone for every five kids. I also understand that I am to bring my own table and chairs and that the chairs at the pool are for resident use and not for party use.**

\_\_\_\_\_  
Resident's signature

\_\_\_\_\_  
Approval by board (signature)

Date: \_\_\_\_\_

Copy to resident, original to file