

“Anchor’s The Way”

ANCHOR AQUATICS, INC.

3642 Solomons Island Road, Edgewater, Md. 21037

Telephone: 410-956-0744 Fax: 410-798-0486



SWIMMING POOL PARTY APPLICATION

Members may request Anchor Aquatics, Inc. to staff private pool parties at facilities under management contract. Anchor Aquatics Inc. shall evaluate each request on an individual basis.

This application and application fee are due at least seven (7) days prior to the event.

All community rules, regulations, and/or procedures must be followed in registering for, and during pool parties.

Only one event at a time will be scheduled at each given facility. Event staffing will be on a first come, first serve basis.

The member(s) having the event is responsible for all cleanup and trash removal necessary to restore pool area to its original condition.

Only pools with underwater lights are eligible for parties for parties extending past 8:00 pm.

Weather related party cancellations must be made by 5:00 pm the day of the party for a full refund.

Guards will be instructed to clear the facility of all patrons and lock up when they leave. Under no circumstances will the guard leave the facility unsecured

The following fees will apply:

- For parties outside of scheduled pool hours there is a \$75.00 Non-Refundable Application Fee - Payable to “Anchor Aquatics Inc.” (This fee is waived for community sponsored events where the event is open to the membership)
- Guard fees are \$20.00 per hour / per guard from the time the staff is on duty until the time they leave the pool area. If guards are not paid upon completion of the event and/or Anchor Aquatics makes payment to guards for party hours the rate will be \$24.00 hour / per guard and payment will be due upon receipt of invoice from Anchor Aquatics, Inc.
- Payment for Guards shall be made to the individual guards at the conclusion of the party.
- Minimum Guard ratios are 1 guard per 30 guests. Some facilities require a minimum of 2 guards. Anchor Aquatics, Inc. shall determine the final number of guards for each event.

FACILITY NAME (POOL) _____

MEMBERS NAME _____

Party Date Requested: _____

MEMBERS ADDRESS _____

Party Times Requested: _____

Number of Guests: _____

MEMBERS HOME PHONE: _____

CELL PHONE: _____

MEMBERS SIGNATURE: _____

DATE: _____

Please Remit to: Anchor Aquatics Inc, 3642 Solomons Island Rd, Edgewater, Maryland 21037

For Office Use Only

App Fee		Labor: During		Total Fee	
# of Guards		After		Paid	

REV. 4/2015