



Party Request Form

Party Information

Parent Name: _____

Child Name: _____

Email Address: _____

Phone Number: _____

Time of Party Requested:

- Saturday 12:00-2:00 (S) Saturday 3:00-5:00 (S) (D)
 Sunday 2:30-4:30 (S) Sunday 3:30-5:30 (S) (D)

Requested Date of Party: #1 _____ #2 _____

Approximate Number of Children: _____
Standard Party: Up to 12 \$325/Up to 20 \$350/Up to 30 \$375
Deluxe Party: Up to 12 \$425/Up to 20 \$450/Up to 30 \$475

Additional Hours Necessary? Y / N (**Additional Hours \$100 each**)

Game Requests: (Pick 2)

- Races/Relays Cannonball Contest Smallest Splash Freeze Tag
 Sharks and Minnows Red Light, Green Light Marco Polo Collect Em'

*You must submit a deposit to reserve party dates. Required deposit is \$200. Please make all checks out to NYSA Goshen. **Please do not leave a deposit until your party date is confirmed by an administrator.** You must email a total number of children one week prior to party (nysaquatics@gmail.com).*

Parent Signature

Date

Director Approval

Approved Party Date _____ Deposit _____

Party Assistant _____ Final Payment _____

Confirmed Number of Children at Party _____