HOME OF THE NEW YORK SHARKS
Goshen Aquatic Center

Party Request Form

Party Information

Parent Name: _____

Child Name: _____

Email Address: _____

Phone Number: _____

Type of Party requested: Standard Deluxe (Circle One)

Time of Party Requested:

☐ Saturday 2:30-4:30 ☐ Saturday 2:30-5:30

☐ Sunday 2:30-4:30 ☐ Sunday 2:30-5:30

Requested Date of Party: **#1** _____ **#2** _____

Approximate Number of Children: _____ ***(Prices vary based on number of children)***

Additional Hours Requested? 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, deposits can be made by check. If paying by credit card the full amount will be charged at the time of registration. Pease contact us directly to make credit card payments. You must email a total number of children one week prior to party (goshenpool@gmail.com).

_____

Parent Signature *Date*

Director Approval

Approved Party Date _____

Party Assistant _____

Deposit_____ Initial_____

Final Payment_____ Initial_____