

ALL RESERVATIONS WILL BE MADE BY CITY OF TROY BY
CALLING 636-462-7605 OR BY EMAIL AT ryan@cityoftroymissouri.com

TROY AQUATIC CENTER BIRTHDAY PARTY APPLICATION

Available Monday-Sunday during open swim ONLY

Date of Birthday Party: ____/____/____

Time of Party (2 hour period): Choose One –
(Noon-2 pm) (2:30 pm-4:30 pm) (5 pm-7 pm)

Party package: The party package includes admission for up to 12 people (including adults), meaning 10 children and 2 adults. Additional attendees are \$8 each. We will provide hot dogs, chips and drink. We will also provide the party area for two hours.

Group Name: _____

Responsible Party: _____ Phone: _____

Address: _____

Number Street City Zip Code

Approximate # of Guests: _____

Approximate Age of Guests (1-14 only): _____

Rules for Rental

I, as sponsor, will be in attendance and will be responsible for the conduct of those present. As sponsor, I will assume any cost or damage beyond normal usage. The pool deck and bathhouse will be left in an orderly and clean condition.

Signature of Responsible Party

Food and Drink – NO ALCOHOL ALLOWED

* Hot dogs, chips and drink will be provided.

* You may provide cake, paper plates, table cloths, napkins and utensils. However, no other additional outside food or drink allowed.

* Alcoholic beverages will not be brought into the Aquatic Center. The Police will be called if policy is abused.

* No glass permitted in the Aquatic Center.

Adult Supervision

* Two (2) swimming chaperones are required for up to 12 attendees with one (1) swimming additional for every six (6) additional children, meaning that a ratio of one (1) swimming chaperone to every (6) children. Chaperones must supervise the children in their group.

* Chaperone must be 25 or older and must remain in the pool for the entire rental period.

Rental Fees

The cost is \$100 for residents and \$125 for non-residents. If you choose to opt out of the food that's included in the party package, the cost is \$50 for residents and \$75 for non-residents. We will need a current driver's license and/or mail to verify residency.

Chaperones Names

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Due \$ _____

****Checks can be made out to City of Troy**