



Pool Party Pay Form

Please fill out this form in its entirety and MAIL it to the office. Please fill out one pay form for each party, NOT for each individual lifeguard. DO NOT LEAVE THIS FORM IN THE POOL BINDER. YOU WILL NOT RECEIVE PAY UNLESS IT IS MAILED.

Location of Pool Party: _____

Host Name: _____

Party Date: _____

Party Start Time: _____ Party End Time: _____

After Hours: Y N

Alcohol: Y N

Employee Name	Employee Phone Number	Employee Signature
1)		
2)		
3)		
4)		
5)		
6)		

Clock In Time: _____ Clock Out Time: _____