

Thank You for choosing to have your party AT KINGSTON ESTATES SWIM CLUB!



(856) 429-9641

kingstonswimclub.com

email: kingston@kingstonswimclub.com

116 Deland Ave, Cherry Hill, NJ 08034

PO Box 1012

Cherry Hill, NJ 08034

KESC NON-MEMBER | Party Request Fee and Policy Information

Thank you for your interest in hosting a party at Kingston Estates Swim Club!

In addition to our beautiful pool, our club offers many great amenities for your guests to enjoy throughout the day – A kiddie pool, children’s play area, snack bar, basketball courts, swing set, diving boards just to name a few.

Reserve your date by completing the Party Request Form and submitting it to our coordinator, Janet Scott.

To reserve your date and make arrangements, email: kescparties@gmail.com

For insurance purposes, the names of all party guests are required to be provided on the attached Party Request Form.

Hosts are welcome to bring their own food, have food brought in from outside restaurants and have their food catered or use of our snack bar and barbecue. The use of the barbecue pit must be under the direct supervision of an adult (18 or over).

Absolutely no glass containers are permitted on club grounds.

The KESC member host is responsible for their guests at all times and must be physically present at the club until all guests have departed. It is the member host’s responsibility to inform guests of the KESC Rules and Regulations. Copies of the KESC Rules and Regulations are included and are also available at the control booth.

All children under the age of 12 years of age and under must pass a swim band test to enter the 5 foot and/or diving well areas of the pool. Please consult with the manager to arrange for testing and time. Swim band cost is \$1.00, refundable when the band is returned at the end of the party.

Unless it is a specified raft event, no rafts and/or floatation devices are permitted in the main pool.

We have an excellent and trained lifeguard staff; however, parents are also expected to watch over small children.

Thank you for your cooperation,
The KESC Staff





KESC NON-MEMBER | Party Request

Party Coordinator - Janet Scott - kescparties@gmail.com

Name of Requesting Guest (Host): _____ Todays Date: _____

Email Address: _____ Phone Number: _____

Party Request Date: _____ Party Request Time: From _____ Until _____

Alternate Date: _____ Location: Picnic Area _____ Kiddy Area _____

Reason for Party: (Birthday, Graduation, etc.) _____


Approximate Number of Party Guests: _____ Age Range of Party Guests: _____
(so we know how to schedule guards for band tests).

- More than 25 non-member guests needs Board Approval.
- Parties should be requested at least 2 weeks prior to the party date.
- Private parties need to end at least 30 minutes prior to pool closing.
- Parties will not be scheduled the same day as a social or fundraising event.
- Parties are limited to 4 hours and may be terminated earlier due to weather.
- The party host is responsible for all set-ups and clean-up for the party.
- **\$10.00 per guest for non-members/\$100 minimum (Cash or Check Only)**
- No glass containers are permitted on KESC Grounds.
- Please use trash and recycle containers for all of your trash. If the containers become full or you require additional plastic trash bags, ask manager.
- At the conclusion of your party, pay at the control booth for all non-members who attended.

By signing below, I acknowledge that I have received and read the **KESC Party Fee & Policy Information** and agree to the terms and conditions provided. I agree, on behalf of myself and my party guests to indemnify and hold harmless KESC, its employees, directors, and members, for any loss, injury, or other harm that might be caused or incurred in any relation to this party without limitation. This indemnification is to be interpreted in the broadest sense reasonable.

SIGNATURE OF PARTY SPONSOR _____ DATE: _____

KESC APPROVAL SIGNATURE _____ DATE: _____



KESC NON-MEMBER | Party Guest Sign-In **Date of Party:** _____

Non-Member Guest Name (printed)

Email Address (printed)

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____
16. _____	_____
17. _____	_____
18. _____	_____
19. _____	_____
20. _____	_____
21. _____	_____
22. _____	_____
23. _____	_____
24. _____	_____
25. _____	_____
26. _____	_____
27. _____	_____
28. _____	_____
29. _____	_____
30. _____	_____
31. _____	_____
32. _____	_____
33. _____	_____
34. _____	_____
35. _____	_____
36. _____	_____
37. _____	_____
38. _____	_____
39. _____	_____
40. _____	_____

\$10.00 per guest / \$100 Minimum. **Total Guests:** _____ **x \$10.00= \$** _____

Payment Received: _____

Received: _____

Received: _____

(Admission Attendant's Signature)

(Manager's Signature)

