

Pool Party

Please complete the following to book a Pool Party at Shallowford Lakes.

1. Name of Member _____

2. Date Requested for Party _____

3. Time Requested for Party _____ to _____
(not to exceed 2 hours)

4. Number of guests attending _____

Method of Payment:

Check _____

PayPal _____

Please email form to lskarzynski@triadradiology.com