



Metfield

# Pool Party

BELLA VISTA



Name \_\_\_\_\_  
 Sub-Block-Lot No. \_\_\_\_\_ Member No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_ Expected Attendance \_\_\_\_\_  
 Party Date \_\_\_\_\_ Time \_\_\_\_\_

**Daily use rates: (tax included)**

Member with POA photo ID: age 6 and above:..... \$2.00 each  
 age 5 and below:.....1.00 each  
 Member with paper ID: age 6 and above:.....2.50 each  
 age 5 and below:.....1.50 each  
 Daily rates for non-members: age 6 and above:.....2.75 each  
 age 5 and below:.....2.00 each

Please return form or mail to: Bella Vista Village POA  
 Attn: to Recreation Dept., P.O. Box 6210  
 Bella Vista, AR 72714  
 5 days prior to party



Name	Age
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____
11	_____
12	_____
13	_____
14	_____
15	_____

I will abide by the Metfield Pool rules and regulations posted and understand that I am responsible for my guests.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Note: Maximum party attendance: 18, 3 hour limit, pool may close during inclement weather.**