



Outdoor Pool Party Request Form

234 E. Parkway Boulevard, Coppell TX. 75019
972-304-7077 / CORE@Coppelltx.gov

Applicant's Information

Name: _____ M / F Birthdate: _____

Address: _____

Cell Phone: _____ Text Alerts: Y or N Phone Carrier: _____

Alternate Phone: _____ Email Address: _____

Emergency Contact Information

Name: _____ Relation: _____

Primary Phone: _____ Secondary Phone: _____

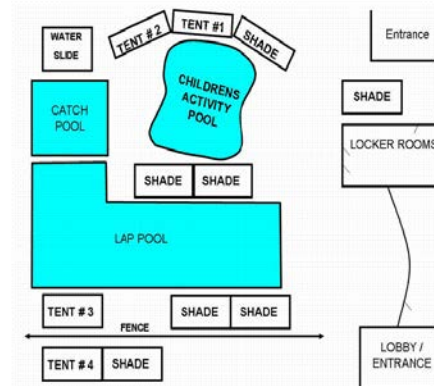
Party Package

	Resident	Non-Resident	
<input type="checkbox"/> Birthday Splash & Bash	\$110	\$140	Enjoy 2 hours under one of our outdoor tents and use of the outdoor pool for 25 guests.

Area(s) Requested: *(Please check all that apply)*

Outdoor Pool Party Tent:

- Party Tent 1
- Party Tent 2
- Party Tent 3
- Party Tent 4



Add-on Options

<input type="checkbox"/> Blitz Package	\$75	12 balloons, 3 large 1-topping pizzas, and 25 ice cream treats.
<input type="checkbox"/> Additional Pizza	\$15 per pizza	Qty: _____
<input type="checkbox"/> Additional Ice Cream	\$4/5 ice cream treats	Qty: _____

Rental Information

Event Name: _____

Event Description: _____

Requested Date and Time:

Date: ____ / ____ / ____ Saturday: 10:30am – 12:30pm 1:00pm – 3:00pm 3:30pm – 5:30pm
 Sunday: 1:15pm – 3:15 pm 3:45pm – 5:45pm

Alternate Request Choice: *(In case your initial request is not available, please indicate another request option)*

Date: ____ / ____ / ____ Saturday: 10:30am – 12:30pm 1:00pm – 3:00pm 3:30pm – 5:30pm
 Sunday: 1:15pm – 3:15 pm 3:45pm – 5:45pm

SPECIAL ARRANGEMENTSWill an outside vendor be used? No Yes

If yes, applicant must submit proof of company's insurance with The City of Coppell named as "additionally insured" for a minimum of one million dollars. The document must contain the Endorsement page, which is the second page of the Insurance Document. This document must be submitted 2 days prior to the rental or the permit may be subject to cancellation.

Company Name: _____
 Company Phone Number: _____
 Insurance Policy Number: _____

STATEMENT OF UNDERSTANDING

I understand that this form is a request for rental, the rental deposit and the completion of this form does not guarantee my rental of the requested facility (based on availability).

Signature

Date

OFFICE USE ONLY

Date & Time Submitted: ____ / ____ / ____ @ ____ am/pm **Staff Initials:** _____

Approved Not Approved Permit #: _____ Initials: _____ Date: _____

Notes: _____

