



BIRTHDAY PARTY RESERVATION FORM

WINTER/SPRING SEASON (JANUARY 1 - APRIL 30)



Child's Name: _____ Birthdate: _____ Age on Birthday Party _____

Parent's Name(s): _____ Phone Number: _____

Address: _____ Email: _____

- | | |
|------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="radio"/> Pirate Party (380000-1A) \$250 R / \$275 NR | <input type="radio"/> Princess Party (380000-7A) \$250 R / \$275 NR |
| <input type="radio"/> Magical Unicorns (380000-2A) \$250R / \$275 NR | <input type="radio"/> Sports Stars (380000-8A) \$250 R / \$275 NR |
| <input type="radio"/> Puppy Pawty (380000-3A) \$250 R / \$275 NR | <input type="radio"/> Bounce House Party (380000-9A) \$350 R / \$400 NR |
| <input type="radio"/> Calling All Superheroes (380000-4A) \$250 R / \$275 NR | <input type="radio"/> Cupcake Creations (380000-10A) \$325 R / \$375 NR |
| <input type="radio"/> Nerf Games (380000-5A) \$250 R / \$275 NR | <input type="radio"/> Create Your Own Theme (380000-12A) \$300 R / \$350 NR |
| <input type="radio"/> Arty Party (380000-6A) \$250 R / \$275 NR | Requested Theme _____ |

Requested Day/Date: _____
(Saturday or Sunday)

Requested Time: _____

(10:30A-12:00P; 1:00-2:30P; or 3:30-5:00P)

Note: Bounce House and Nerf Parties are only offered on Sunday from 3:30-5:00P.*All Parties based on facility availability.

Prices are for 15 children. Additional Child Fee is \$10 per child. Party must be paid in full at time of booking. Additional guest and child fees must be paid 5 business days after your party. 50% refund up to 10 days before the party with written and submitted Cancellation Form. No Refunds after that point.

Are there any medical problems or special needs that the Park District should be aware of:

Yes ____ No ____ Please explain: _____

If you require any special accommodations or assistance for enjoyment of this program, please describe:

WAIVER AND RELEASE Please read this form carefully and be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. As a participant in these Warrenville Park District programs, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the Warrenville Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Warrenville Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses which I may have or which may occur to me on account of participation in these programs. I further agree to indemnify and hold harmless and defend the Warrenville Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the Warrenville Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered.

The Warrenville Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.

Parent Name _____ Parent Signature _____

OFFICE USE ONLY

Amt. \$ _____ Date _____ Check # _____ Cash _____ Visa _____ MC _____ DISC _____

Card # _____ Exp. Date _____

Rec Trac Reservation # _____ Date Booked _____ Room _____

Special Requests _____
