

WARRENVILLE PARK DISTRICT

BIRTHDAY PARTY RESERVATION

Fall Season (September 1 – December 31)

Child's Name: _____ Birth date: _____ Age: _____

Parent's Name(s): _____

Home Phone: _____ Work/Cell: _____ Email: _____

Address: _____

1st Choose Party (circle one)	Choose Party Day (circle one)	Choose Party Time (circle one)	Fee Based on Residency (circle one)
Themed Party	Saturday or Sunday Requested Date: _____	10:30A-12:00P or 1:00-2:30P or 3:30-5:00P	\$225 Res / \$250 Non-Res
For themed party, please circle theme	Pirate Party Magical Unicorns Puppy Pawty Calling all Superheroes 280000-1A 280000-2A 280000-3A 280000-4A Nerf Games Arty Party Princess Party Sports Stars 280000-5A 280000-6A 280000-7A 280000-8A		
Create Your Own Theme! 280000-12A	Saturday or Sunday Requested Date: _____	Pick your own theme for decorations, crafts and activities.	\$275 Res / \$300 Non-Res
Bounce House Party 280000-9A	Sunday Requested Date: _____	3:30-5:00P	\$325 Res / \$375 Non-Res
Drive-In Movie Party 280000-10A	Saturday or Sunday Requested Date: _____	10:30A-12:00P or 1:00-2:30P or 3:30-5:00P <small>*Party may go longer depending on length of movie chosen.</small>	\$325 Res / \$375 Non-Res

Included with Party: Party host, decorated room, activities, games or crafts, food plates, cake plates, cups, napkins, silverware, tablecloths, water, lemonade, music, designed theme invitations printed with envelopes (you are responsible for mailing)

**Plates, napkins and decorations will be themed to your party.*

Fee also includes: Table and chair set up for up to 12 children, including the birthday child and 20 adults.

Payment and Additional Fee Information

- Party must be paid in full **at time of booking.**
 Additional guest and child fees must be paid 5 business days prior to your party.
50% refund up to 10 days before the party with written and submitted Cancellation Form.
No Refunds after that point.

- Additional Child Fee (280000-11A) @ \$10/child (max. 3, over 3 children must have supervisor approval)
 Additional Children: _____ x \$10 each = \$ _____

Total = \$ _____

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

Yes No 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 Signature

PLEASE PRINT

PLEASE MAKE CHECKS PAYABLE TO WARRENVILLE PARK DISTRICT

Office Use Only:

Payment Amt. \$ _____ Date _____ Check # _____ Cash _____ Clerk _____

Visa ___ MC ___ DISC ___ # _____ Exp. Date _____

Rec Trac Reservation # _____ Date Booked _____