

BIRTHDAY PARTY RESERVATION FORM SUMMER SEASON (MAY 1 - AUGUST 31)



Child's Name: B	irthdate:	Age on Birthday Party
Parent's Name(s):	Phone Numb	per:
Address:	Email:	
 ○ Pirate Party (180000-1A) \$250 R / \$275 NR ○ Magical Unicorns (180000-2A) \$250R / \$275 NR ○ Puppy Pawty (180000-3A) \$250 R / \$275 NR ○ Calling All Superheroes (180000-4A) \$250 R / \$275 NR ○ Nerf Games (180000-5A) \$250 R / \$275 NR ○ Arty Party (180000-6A) \$250 R / \$275 NR Requested Day/Date:	Sports Stars (1 Bounce House R Cupcake Creat Create Your Or Requested The Requested Time: (10:30A-12:00P; 1:00 Note: Bounce Hous	(180000-7A) \$250 R / \$275 NR 80000-8A) \$250 R / \$275 NR Party (180000-9A) \$350 R / \$400 NR ions (180000-10A) \$325 R / \$375 NR wn Theme (180000-12A) \$300 R / \$350 NR me
Prices are for 15 children. Additional Child Fee is \$10 per child. Party must be paid 5 business days after your party. 50% refund up to 10 d Refunds after that point.		
Are there any medical problems or special needs that the Park Distri		
Yes No Please explain:		
If you require any special accommodations or assistance for enjoyments	ent of this program, plea	se describe:
WAIVER AND RELEASE Please read this form carefully and be aware expressly assuming the risk waiving and releasing all claims for injurparticipant in these Warrenville Park District programs, I recognize a to assume the full risk of any injuries, including death, damages or loconnected with or associated with such programs. I agree to waive a programs against the Warrenville Park District and its officers, agent Warrenville Park District and its officers, agent losses which I may have or which may occur to me on account of park harmless and defend the Warrenville Park District and its officers, aginjuries, including death, damages and losses sustained by me or arist these programs. In the event of an emergency, I authorize the Warrenville personnel, any treatment deemed necessary for any and all medical services rendered.	ries you or your children and acknowledge that the loss which I may sustain a leand relinquish all claims I ts, servants and employee loyees from any and all claricipation in these progregents, servants and emplosing out of, connected with the loss of the lo	might sustain arising out of these programs. As a sere are certain risks of physical injury and I agree is a result of participating in any and all activities in may have as a result of participating in the ses. I do hereby fully release and discharge the aims from injuries, including death, damages and rams. I further agree to indemnify and hold oyees from any and all claims resulting from ith, or in any way associated with the activities of itals to secure from any licensed hospital, physician
The Warrenville Park District does not carry medical or accident ins to be certain that you and your family have adequate coverage.	urance for program part	icipants. Please review your own health insurance
Parent Name	Parent Signature	
OFFICE	E USE ONY	
Amt. \$ Date Check	# Cash	n Visa MC DISC
Card #		Exp. Date
Rec Trac Reservation # Date Booked	Room	
Special Requests		