Mill Valley Parks and Recreation

Magic Party FAX 383-1377 Please complete this form to reserve a party for your group. Party confirmation is contigenton Instructor and room availabilty Party Date: _____ Time of Party: _____ (2 hour block of time) Fee: \$300 (15 children max) \$ _____ Deposit: \$100 \$ _____ Name of Birthday Child _____ Age: Birthdate: / / Approx. number of Guests: Telephone Day: Evening: Contact person on site during party : ______ Email: _____ Address: _____ City: ____ Zip: ____ Your payment, including the refundable **deposit of \$100**, is due immediately to hold this reservation. The deposit is refunded after final assessment of the party room. A 30 day notice of cancellation is required to recieve a full refund. Less than 30 days is loss of \$100 deposit. Less than 7 days notice is a loss of the \$100 deposit & 50% of party fee. Changing party dates will result in a \$25 transfer fee, this must be done no later than 14 days prior to original party date and is subject to availability. In the event that the Community Center cancels the party date, you will receive a full refund The party fee covers the Magic show, trick instruction and the use of the party room. We accept Visa and Mastercard (please complete information below). Please make checks payable to: Mill Valley Parks & Recreation PAY BY MASTERCARD OR VISA Cardholder Name (as it appears on card):______ MasterCard or Visa #: **Expiration Date:** V-code: Last 3 digits of number found on signature line of card. Billing Address:

Billing Zip Code: Be sure to read and sign below: I hereby agree to indemnify and hold harmless the City of Mill Valley and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or in any way connected with participation in the program noted above. In case of emergency, my child may be treated by a qualified physician. I give permission to use mine or my child's photograph in Mill Valley Recreation brochures or publicity. Date: _____ Signed: _____ Rental # For Office Use Only S and Fees Paid:

Deposit Processed \$ ____ By: ___ Receipt # ____ Date: ____

Party Fee Processed \$ ____ By: ___ Receipt # ___ Date: ____ Instruc. Conf. Sent: ____

Cust. Conf. Sent ____ **Deposits and Fees Paid:** Party Package completed: Deposit Returned: