MILL VALLEY PARKS AND RECREATION **Fax (415) 383-1377**

POOL PARTIES

Please complete this form to reserve a party for your group.

Party Date: _____ _____/_____/_____
Day Of Week Month / Day / Year

Time: ____ 12:15pm – 2:15pm SATURDAY & SUNDAY (Cove Room only)

____ 1:00pm – 3:00pm SATURDAY & SUNDAY (Kidzwatch Room only)

____ 3:00pm – 5:00pm SATURDAY & SUNDAY (Cove Room only)

SLIDE OPEN DURING PARTY TIMES

Fees: ____ $325 (1 – 15 Children & 4 Adult Swimmers) (includes $100 refundable deposit)

____ $350 (16 – 25 Children & 4 Adult Swimmers) (includes $100 refundable deposit)

PLEASE PRINT!

- Name of Birthday Child **(MUST BE 7 yrs or older)** _____DOB: ___/___/___ Age: ___
- Contact Person On Site during Party:_____
- Home #: _____Cell Phone #: _____ E-mail address: _____
- Address: _____ City: _____Zip:_____
- Your payment in full, along with a refundable deposit of $100 is due immediately to hold this reservation. The deposit is refundable after final assessment of the party room (cleaning, etc.) A 30 day notice of cancellation is required to receive a full refund. Less than 30 day notice of cancellation is **loss of $100** deposit. Less than 7 days notice is a loss of the $100 deposit and 50% of the party fee. Changing party dates will result in a $25 transfer fee and is subject to availability. In the event the Community Center cancels the party date , you will receive a full refund.
- Please make **checks payable to: Mill Valley Parks & Recreation**
- Visa, MC, Amex, Discover # _____Expiration Date: _____
- **Name of Cardholder (PRINT)** _____V-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, a qualified physician may treat my child. I give permission to use mine or my child's photograph in Mill Valley Recreation brochures or publicity.

DATE: _____ **SIGNATURE:** _____

PLEASE COMPLETE BACKSIDE OF THIS FORM, IT IS REQUIRED

FOR OFFICE USE ONLY

RENTAL #: _____

Deposit Processed: $_____ **By:** _____ **Date:** _____ **CK#**_____

Party Fee Processed: $_____ **By:** _____ **Date:** _____

Confirmation Letter Sent: ____

Party Package Completed: By_____ **Date:** _____

Deposit Returned: $_____ **By:** _____**Date:** _____

Pool Party checklist MUST be completed by renter

Reminders	Initial each line
Can check in **ONLY** 15 minutes prior to party time and need to depart from room by the end time of your party	
No confetti/glitter/silly string	
Can only use blue painters tape to decorate	
No refrigerator or freezer No storage for ice cream cakes, ice cream, ETC	
No glass dishes, only paper or plastic	
Children **must** be 48 inches tall for slide & able to swim Child must be measured without shoes	
2 children per 1 adult for hot tub, adult must be **IN** hot tub with bathing suit on	
Children 6 & under must have adult **IN** pool with them and be within arms reach	
Children ages 7-9 must have an adult on deck within view of the pool & actively watching the child/children (3 children per 1 adult)	
_____ SIGNATURE	

180 Camino Alto Mill Valley Ca 415-383-1370