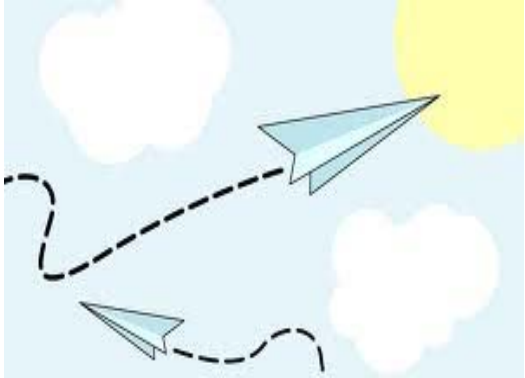
Mill Valley Parks and Recreation Fax # 383-1377

Flight Club Party

Please complete this form to reserve a party for your group.
Party confirmation is contigent on instructor and room availability



Party Date: _____ Party Time: _____
(2 hour block of time)

Approximate number of guest: _____ (20 children maximum)

Fee:	$300 (1-15 children)	$_____
OR	$350 (16-20 children)	$_____
Deposit	$100 (refundable after party)	$_____
Total fees paid =		$_____

Name of Birthday Child _____ Age: _____ Birthdate: _____
(at time of party)

Telephone: Day: _____ Evening: _____

Contact person on site during party: _____ Email:_____

Address: _____ City: _____ Zip: _____

Your payment 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 recieve a full refund. Less than 30 day notice is loss of $100 deposit. Less than 7 days notice is loss of $100 deposit & 50% of party fee. Changing party dates will result in a $25 tranfer fee, 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 Jumpee rental and the use of the party room. Should you arrive early or stay later than 15 minutes beyond your above stated party time, you will be charged accordingly. 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: _____

For Office Use Only **Rental #** _____

Deposit & Party Fee Processed $ _____ By: _____ Date: _____ Payment method: _____

Party Package completed: By :_____ Date: _____ Deposit Returned : $ _____ By: _____ Date: _____