Puppet Parties 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) Puppet Show Party Themes: ____ 4 - 10 yrs Princess and the Unicorn ____ 4 - 10 yrs Frog Prince ____ 3 - 9 yrs Dinosaurs ____ 4 - 10 yrs Pirates ____ 3 - 8 yrs The Wild Things ____ 3 - 9 yrs Nemo and the Sea World ____ 3 - 8 yrs Fairy Tales (Cinderella or Rumpelstiltskin) ____ 3 - 8 yrs Fairies & Leprechauns \$300 Max. of 20 children Fee: Deposit \$100 Approximate expected attendance:_____ Name of Birthday Child ______ Age: _____ Birthdate: _____ Telephone: Day: _____ Evening: ____ Contact person on site during party: _____Email: ____ _____ 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 transer 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 Puppet show 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. Please make checks payable to: Mill Valley Parks & Recreation. We accept Visa, MasterCard, Am Ex or Discover Cardholder Name (as it appears on card): Credit Card#: Expiration Date:_______V-code:_____Last 3 digits of number found on signature line of card. Billing Zip Code:_ Billing Address:___ 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. Rental # For Office Use Only Deposit & Party Fee Processed \$ ____ By: ___ Date: ___ Payment method: ____

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