Mill Valley Parks and Recreation

Fax # 383-1377

Karate Party

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

Party date: _____

Time: _____ (2 hour block of time)

Fee: $300 15 kid max $_____

Deposit:$100 deposit $_____

Approximate expected attendance: _____

Name of Birthday Child: _____ Age: _____ Birthdate: _____
(at time of party, must be 5-10 years old)

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 Karate instruction 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

PAY BY MASTERCARD, VISA, AMERICAN EXPRESS 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 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 the City of Mill Valley's recreation brochures or publicity.

Signature: _____ Date: _____

For Office Use Only **Rental #** _____

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

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