



Athletics Birthday Party Request

**Athletics Birthday Party Package Includes:**

- 12 Guests (Ages 1-14)
- 90-Minute Birthday Party

Outside food and beverages are allowed. Additional guests may be added for \$8R/\$12NR per guest with a maximum of 18 children. Birthday parties must be booked at least two weeks in advance. Athletics parties are offered on Saturday (9:30a-11:00a, 11:30a-1:00p, 1:30p-3:00p) and Sunday (1:30p-3:00p).

Birthday Guest's Name & Date of Birth _____**Main Contact's Name & Date of Birth (Parent/Guardian, 18+)** _____**Address** _____**Phone** _____ CELL HOME**Email Address** _____ **Requested Party Date** _____**Total Number of Guests (Ages 1-14)** _____**Requested Party Time** (Choose One)

- 9:30am-11:00am (Saturday Only) 11:30am-1:00pm (Saturday Only) 1:30pm-3:00pm (Saturday or Sunday)

Food & Drinks (Optional)

18" Large Pizza <i>(Serves 6-8, Available after 12pm)</i>	Cheese	Qty: _____ x \$25.00	\$ _____
	Pepperoni	Qty: _____ x \$29.00	\$ _____
	Sausage	Qty: _____ x \$29.00	\$ _____
Cupcakes (24 count)		Qty: _____ x \$25.00	\$ _____
Cake (Choose One):	<input type="checkbox"/> Yellow <input type="checkbox"/> Chocolate		
Frosting (Choose One):	<input type="checkbox"/> Vanilla <input type="checkbox"/> Chocolate		
2-Liter of Soda or Lemonade	Cola	Qty: _____ x \$5.00	\$ _____
	Diet Cola	Qty: _____ x \$5.00	\$ _____
	Lemon Lime Soda	Qty: _____ x \$5.00	\$ _____
	Lemonade	Qty: _____ x \$5.00	\$ _____
Bottled Water	12 - 8oz Bottles	Qty: _____ x \$5.00	\$ _____

Fees

Base Party Fee	\$150 (Resident) / \$175 (Non-Resident)	\$ _____
Additional Guests (\$8 R / \$12 NR)	Additional Guests: _____ x \$ _____	\$ _____

TOTAL \$ _____



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I Understand: (Please Initial)

- _____ Payment is due in full at the time of booking. Instructions to pay will be sent in a confirmation email. Payment is due within 24 hours of the confirmation email.
- _____ A member of our team will contact you to finalize number of guests, cupcake order, and food/drink order approximately seven to ten days prior to event date. Final headcount, cupcake order, and food/drink order must be sent to Taylor (thutton@we-goparks.org) by 12p on the Monday prior to the party date. Refunds are not issued for children not in attendance the party.
- _____ Cancellations and/or rescheduling requests received at least seven days in advance will be granted minus a \$20 service fee. Requests received less than seven days in advance will not be granted, and fees are non-refundable.
- _____ Access to party space will be available 15 minutes prior to event start time. The party space must be completely vacated at the event end time.
- _____ Vendors on site for Birthday Parties will require a Certificate of Insurance from vendor listing West Chicago Park District as additional insured. Certificate of Insurance is due at least seven days prior to event date.

Waiver:

Please be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk and waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. I understand the cancellation and rescheduling policies listed on the Birthday Party form.

As a participant in these West Chicago Park District programs, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the West Chicago Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the West Chicago Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damages and losses which I may have, or which may occur to me on account of participation in these programs.

I further agree to indemnify and hold harmless and defend the West Chicago Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the West Chicago Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered. The West Chicago Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.

Signature _____

Date _____

Please Submit Birthday Request by:
Email: thutton@we-goparks.org
In-Person or Mail: West Chicago Park District
201 W. National Street
West Chicago, IL 60185

Internal Use Only	
Request Received ____/____/____	Time: _____
____ Entered into RecTrac	____ Updated Payment (if needed)
____ Confirmation Email Sent	____ Cupcakes Ordered
____ Payment Complete	____ Food/Drink Ordered
____ Final Confirmation Sent	____ Supplies Gathered
____ Reservation Updated	