



Park District Of Oak Park

Submit Application To:
(GRC) 21 Lake St. or (RCRC) 415 Lake St.
Oak Park, IL 60302
(708) 725-2301 (fax)

BIRTHDAY PARTY APPLICATION

INSTRUCTIONS: Applicants should complete and submit this form and full payment at least 2 weeks prior to the date requested. Applicants can expect to receive a response regarding applications within 4 business days. Once booked, a copy of the party receipt will be sent via e-mail.

APPLICANT INFORMATION

CONTACT LAST NAME		CONTACT FIRST NAME	
STREET ADDRESS		CITY	ZIP
PRIMARY PHONE NUMBER		E-MAIL ADDRESS	

PARTY REQUESTED (Please Circle)

Date (First Choice): _____ Date (2nd Choice): _____

Stevenson Center Indoor Playground Ages 5 and Under \$250R/\$270NR for up to Max 16 children <u>Available Year Round</u> Saturday (choose time) 2:00-4:00pm 5:00-7:00pm Sunday (choose time) 11:00am-1:00pm 2:00-4:00pm 5:00-7:00pm	Gymnastics Ages 3-5 \$240R/\$260NR For 7 children. \$10/person for each additional child. Max 20. <u>Available 8/26/19 - 6/7/20</u> Saturday 5-6:30pm Sunday 3-4:30pm <u>Available 6/15-8/25/19</u> Saturday (choose time) 2-3:30pm 4-5:30pm Sunday (choose time) 2-3:30pm 4-5:30pm	Gymnastics Ages 6-15 \$320R/\$340NR For 10 children. \$10/person for each additional child. Max 30. <u>Available 8/26/19 - 6/7/20</u> Saturday 5-7pm Sunday 3-5pm <u>Available 6/15-8/25/19</u> Saturday (choose time) 1:30-3:30pm 4-6pm Sunday (choose time) 1:30-3:30pm 4-6pm	RCRC/Rehm Pool (Circle one) Ages 4-5 \$240R/\$260NR For 8 children. \$10/person for each additional child. Max 20. Ages 6-16 \$275R/\$295NR For 15 children. \$10/person for each additional child. Max 20. <u>Available June - August</u> Saturday & Sunday 12:00-3:00pm	RCRC Ice Arena Ages 4-16 \$275R/\$295NR For 15 children. \$10/person for each additional child. Max 30. <u>Available Sept 1- Feb 29</u> Friday*: 6:15-8:15pm Saturday: 3:45-5:45pm Sunday: 1:45-3:45pm <u>Available March - August</u> Friday: 4:00-6:00pm Saturday 7:00-9:00pm Sunday 1:45-3:45pm (Times/Prices subject to change without notice) *1/3 private ice options available through Dec	Conservatory Ages 4-10 \$275R/\$295NR For 10 children. \$10/person for each additional child. Max 20. <u>Available Year Round</u> Saturday (choose time) 10am-12pm 1pm-3pm Sunday 1pm-3pm
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PARTY INFORMATION

Total Number of Participants (Include Birthday Child): _____ Do any participants have special needs? Yes No
Any amount over the included number incurs a \$10 fee per person (do not exceed max listed per party)

Child's Name: _____ Age on Birthday: _____ T-Shirt Size: _____
Only for Gymnastics and RCRC Parties

Additional Options:
Party Favors (add \$5 Each): _____ Skating Lesson (add \$20):
Only avail for Gymnastics and RCRC Parties Only for RCRC Ice Arena Parties w/Private Ice

Conservatory Party Package: Camping Dinosaurs
 Fairies Unicorns
 Tropical Luau
Conservatory Food Package (add \$100):

WAIVER (all parties have an additional agreement that must be completed)

By signing below, I agree to follow all Park District Rules & Regulations Governing Uses of Park Facilities and recognize that I am responsible for the actions of myself and my guests. To the extent permitted by law, my organization, representatives, guests, and I will indemnify, save, defend, and hold harmless the Park District, including its officers, officials, agents, volunteers, and employees (hereinafter referred to as "district") from any and all claimed injuries or damages arising out of or in any way related to the rental event, and whether caused in whole or in part by any act or omission of the Park District. Should I or my guests fail to follow Park District rules and guidelines outlined in Park Code and/or the permit agreement, perform adequate clean-up, or if damage occurs to Park District property, I understand that I will be billed at full cost plus overhead for clean-up and repair. In addition, such failure may result in the denial of future approval for a park permit or the requirement of a deposit for future events.

Applicant Signature _____ Date _____

PAYMENT INFORMATION

Payment Method: Credit Card (Visa, Master Card, Discover, or AmEx) Check (#: _____) Total Payment: \$ _____

Account #: _____ - _____ - _____ Expiration Date: _____ / _____

Card Holder Name: _____ Card Holder Signature: _____

FOR OFFICE USE ONLY

Received by: _____ on: _____ at: _____ Household #: _____ Reservation #: _____ Confirmation Sent: _____
(Initials) (Date) (Time) (Date)

Notes: _____