



SPORTS BIRTHDAY PARTY

Your child is bound to have a ball at any of these birthday party packages located at the Huerta Gymnasium for ages 5-12 years. Parents are responsible for bringing food and/or refreshments. **Parties must be booked at least 3 weeks prior to party date.**

The 2-hour party includes:

- Open gym for your choice of basketball, indoor soccer or dodge ball
- Recreational staff to facilitate party
- Tables, chairs and sports equipment

Fee: \$175R/\$185NR up to 12 children
(10.00 for each additional child, with a maximum of 20 children)

Deposit: \$35 deposit (apply towards fee, non-refundable)

Birthday Child will receive a sports ball for all his/her friends to sign.

Please call the Recreation Department at
838-1260 for information and availability.



Sport's Birthday Party Application



ATTN: Parks & Recreation Department
 9291 Old Redwood Highway, Bldg. 300D
 P.O. Box 100
 Windsor, CA 95492

Phone: 838-1260
 Fax: 838-1264

Parent(s) Name: Last: _____ First: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell/Other: _____ Email Address: _____

Child's Name: _____ Age: _____ Birth Date: _____

Date Requested: _____ Alternate Date: _____

Time Requested: _____ (2 HOUR MAX) Alternate Time: _____

Site Requested: _____ Expected Attendance: _____

(Party Package fee is for 12 children, \$10 for each additional child with a maximum of 20.)

THEME (circle one):	INDOOR SOCCER	BASKETBALL	DODGE BALL
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PARTIES MUST BE BOOKED AT LEAST THREE WEEKS PRIOR TO PARTY DATE. DEPOSIT OF \$35.00 IS DUE AT TIME APPLICATION IS SUBMITTED*. THE DEPOSIT WILL BE APPLIED TOWARD TOTAL PARTY PRICE, IF PARTY IS CANCELLED, THE DEPOSIT WILL BE FORFEITED. NOTE: CONFIRMATION OF PARTY IS BASED UPON STAFF AVAILABILITY.

I, the undersigned participant (if 18 years of age or older), or parent or guardian of above named participant in the Town of Windsor Parks and Recreation Department program, hereby agree that the named participant be allowed to participate in the activity(ies), class(es), or event(s) described on this registration form and in the program brochure. I have been informed of the risks involved in such participation, including, but not limited to, temporary and/or permanent injury to the property, person, and/or death because or on account of such participation. On behalf of myself and the above named participant, I hereby waive any and all claims for damages of any kind whatsoever against the Town of Windsor, its officers, employees, contract instructors and community organizations co-sponsoring programs, arising out of or incidental to participation in any of the above-described activity(ies), class(es), or event(s). I further agree to indemnify, hold harmless, and defend the Town of Windsor, its officers and employees, against any claim for damages of any kind whatsoever arising out of or incidental to the participation in the above-named activity(ies), class(es), or event (s). I further authorize qualified physicians to render emergency medical treatment or care they deem necessary for the participant because of illness or accident which occurs during the course of any of the above -described activity(ies), class(es), or event(s).

Parent Signature: _____ Date: _____

Please Print Name: _____

METHOD OF PAYMENT:	NOTE: REMAINING BALANCE IS DUE 1 WEEK PRIOR TO EVENT	
____ MASTER CARD	____ VISA	CARD NO. <u>Please call 707-838-1260 with payment information to hold date.</u>
____ DISCOVER	____ AMX	CARD HOLDERS NAME _____
____ CHECK	____ CASH	CONTACT PHONE NUMBER: _____

OFFICE USE ONLY	
DEPOSIT PAID _____	REMAINING PAYMENT _____
PAYMENT DATE(S) _____	METHOD OF PAYMENT _____
STAFF _____	