

Themed Birthday Party Packages

Your child and his or her friends are bound to have a blast at any of these special birthday parties located in one of the Town of Windsor's facilities for ages ranging 3-9 years. Parties must be booked at least 3 weeks prior to party date.

The 2-hour party includes:

- Your choice of Princess Party, Outer Space, or Pirate Party
- Recreational staff to facilitate party
- Birthday child will receive a themed gift.
- Tables and chairs
- Birthday party invitations



Fee: \$225R/\$235NR up to 12 children
(\$10 for each additional child with a maximum of 15 children, no children under 3 years will be permitted to participate)

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



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

Children'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 15.)

THEME (circle one):	PRINCESS PARTY	PIRATE PARTY
	OUTER SPACE PARTY	

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. Please call 707-838-1260 with payment information to hold date.
 DISCOVER AMX CARD HOLDERS NAME _____
 CHECK CASH CONTACT PHONE NUMBER: _____

OFFICE USE ONLY

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