Fax # 383-1377

Mill Valley Parks and Recreation

# Art Parties

***Please complete this form to reserve a party for your group.***
***Party confirmation is contigenton Instructor and room availabilty***

Party Date: _____ Time of Party: _____
(2 hour block of time)

Name of Birthday Child _____ Age: _____ Birthdate: _____

Number of Guests: _____ **(Final count of Party guest is due 1 week before party date)**

Fee: $360 (1 - 10 children ) $ _____
$15 each add. child up to 15 $ _____
**Additional child fees will be charged 1 week prior to party to purchase art supplies & are non-refunable**

Deposit: $100 $ _____

Telephone Day: _____ Evening: _____

Contact person on site during party : _____

Address: _____ City: _____ Zip: _____

Email: _____

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 Art project(s) 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. We accept Visa and Mastercard (please complete information below). **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 Mill Valley Recreation brochures or publicity.

Date: _____ Signed: _____

**For Office Use Only** **Rental #** _____

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

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