

GUILFORD PARKS AND RECREATION BIRTHDAY PARTY APPLICATION

Name of Applicant _____ Date: _____

Address _____, Guilford, CT 06437

Phone Number (H) _____ (C) _____ Email _____

Date request: (1st choice) _____ (2nd choice) _____ (3rd choice) _____

Hours Requested: From ____ to ____

Check one: Guilford/Whitfield Room (Large Activity) ____ Sachem Room (Preschool) ____

Children’s Birthday Party - Fee: 2 hours 1-25 children \$80 ____

Teen or Family Birthday Party - Fee: 3 hours - \$150 (75 person maximum) (8:1 ratio teen/adult)

Total Number Expected: ____ Number of Children Expected: # Boys ____ # Girls ____

Age of Children Attending: ____ Special Setup Instructions: _____

Name of Caterer (if applicable): _____ Phone: _____

*If applicant hires caterer, applicant must provide through the caterer, a Certification of Liability Insurance naming the Town of Guilford as additional insured with a 30 day cancellation notice at least 2 weeks prior to the date requested and approved.

*If applicant hires entertainment, applicant must provide through that entertainment group, a Certification of Liability Insurance naming the Town of Guilford as additional insured with a 30 day cancellation notice at least 2 weeks prior to the date requested and approved.

Terms: Reservations may not be made more than 3 months in advance of application. Rooms are reserved on a first come first serve basis with the department. No phone reservations accepted. Payment must be made at the time the application is submitted. **Applicant/Participant must reside in Guilford.** Please read birthday party rules on the back of this application and sign.

Payment: Applications will only be accepted with full payment. Please make all checks payable to: Guilford Parks and Recreation Department. Confirmation will be mailed at the time of approval. Request for refund will be accepted with 2 weeks notice only and a \$10 processing fee will be assessed.

In consideration for use of the Nathanael B. Greene Community Center, I certify that the information provided is accurate and I understand the regulations listed on the back of this application. I have read fully the attached rules and understand that the Parks and Recreation Department reserves the right to transfer room reservation in case of conflicts. I accept full responsibility for the conduct of the group and any damage to equipment or the facility.

Signature of Applicant

Date

Copy to: Participant ____ Custodian ____ Parks and Recreation Dept. ____