



## BIRTHDAY PARTY APPLICATION

Name of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_, Guilford, CT 06437

Phone Number (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email \_\_\_\_\_

Date request: (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_ (3<sup>rd</sup> 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.

\*If applicant hires a vendor to provide a moon bounce or other inflatable, the vendor must be present at all time to operate and supervise the inflatable. Vendor must provide a Certificate of Insurance naming Town of Guilford additional insured.

**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. \_\_\_\_