

Puppet Parties

*Please complete this form to reserve a party for your group.
Party confirmation is contingent on Instructor and room availability*

Party Date: _____ Party Time: _____

Puppet Show Party Themes: (2 hour block of time)

- 4 - 10 yrs Princess OR Frog & Prince (circle one)
- 3 - 9 yrs Dinosaurs
- 4 - 10 yrs Pirates
- 3 - 8 yrs The Wild Things
- 3 - 9 yrs Nemo and the Sea World
- 3 - 8 yrs Fairy Tales (Cinderella or Rumpelstiltskin)
- 4 - 8 yrs Pocahontas
- 3 - 8 yrs Fairies & Leprechauns

Fee: \$300 Max. 20 kids \$ _____
Deposit \$100 \$ _____



Approximate expected attendance: _____

Name of Birthday Child _____ Age: _____ Birthdate: ____/____/____

Telephone: Day: _____ Evening: _____

Contact person on site during party: _____ Email: _____

Address: _____ City: _____ Zip: _____

Your payment, including the refundable **deposit of \$100**, is due immediately to hold this reservation. The deposit is refunded after final assessment of the party room. A 30 day notice of cancellation is required to receive a full refund. Less than 30 days is loss of \$100 deposit. Less than 7 days notice is a loss of the \$100 deposit & 50% of party fee. Changing party dates will result in a \$25 transfer fee, this 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 puppet show, games and the use of the party room. We accept Visa and Mastercard (please complete information below). **Please make checks payable to: Mill Valley Parks & Recreation**

PAY BY MASTERCARD OR VISA

Cardholder Name (as it appears on card): _____

MasterCard or Visa #: _____

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 # _____

Deposits and Fees Paid:

Deposit Processed \$ _____ By: _____ Receipt # _____ Date: _____ Confirmation Sent: _____

Party Fee Processed \$ _____ By: _____ Receipt # _____ Date: _____

Method of Payment: _____ Instructor Confirmation: _____

Party Package completed: By: _____ Date: _____