



BIRTHDAY PARTY REQUEST

Requests may be submitted via mail, fax, or email. For questions, please call 949-724-6717.

MAIL: City of Irvine Aquatics
P.O. Box 19575
Irvine, CA 92623-9575

FAX: 949-724-6707

EMAIL: aquatics@cityofirvine.org

REQUESTOR INFORMATION

NAME*	
EMAIL*	PHONE*

EVENT INFORMATION AND FEES

EVENT DATE	PARTY PACKAGES	ADDITIONAL ITEMS	FEES
EVENT HOURS	<input type="checkbox"/> Bronze \$150 <input type="checkbox"/> Silver \$250 <input type="checkbox"/> Gold \$325 <input type="checkbox"/> Dive \$200	<input type="checkbox"/> Inflatable \$150 <input type="checkbox"/> Bounce House \$250 <input type="checkbox"/> Inner Tubes \$1** Quantity _____ <small>**Request only; Billed on day of event</small>	PARTY PACKAGE _____ _____ NON-RESIDENT FEE _____ TOTAL AMOUNT _____
CHILD'S AGE*	EXPECTED GUESTS		

WAIVER (Please read and sign Waiver. Reservation will not be processed unless the Waiver is signed.)

In consideration of accepting this registration, and to the extent permitted by law, I hereby agree to release, defend and hold harmless on behalf of myself (and any minor children for whom I have the capacity to contract) the City of Irvine and its officers, clients, agents, and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorney's fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to myself (and to any minor children for whom I have the capacity to contract), caused by any negligent act or omission of the City of Irvine or its officers, clients, agents or employees, arising out of or in any way related to participation in the activity for which I (and any minor children for whom I have the capacity to contract) am registering. I acknowledge that the activity to which this release applies can be dangerous and as a result of signing below, I am accepting those risks for myself and for any minor participants for whom I can contract.

Cancellations must be requested 30 days prior to the party date. A \$50 cancellation fee will be charged for all cancelled parties. Cancellations will not be accepted without 30 days notice.

I give permission to the City of Irvine to take photographs of me or my children while participating in this activity for use in future City publicity and understand that I will not receive any compensation for such use.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE AS IT APPLIES TO MYSELF AND TO ANY MINORS FOR WHOM I AM SIGNING. X* _____ DATE _____
(Parent/Guardian must sign for participants under 18 years of age)

PAYMENT INFORMATION (Make check payable to CITY OF IRVINE)

CHECK NO.* _____ ACCOUNT CREDIT _____ CASH _____
 VISA MASTERCARD #* _____ EXP* _____ SECURITY CODE* _____
 AMEX DISCOVER CARDHOLDER NAME* _____ SIGNATURE* _____

NOTE: If the check amount is more than required, additional monies will be put on account for future reservations or program registrations; if the check is less than required, the reservation will not be processed. Credit/Monies not used within 18 months will be refunded less applicable processing fees.