



Pool Party Reservation Form

(847) 428-7131 • email PoolRentals@dtpd.org

- Resident
 Nonresident

Date of Application: _____ Date of Party: _____

Name: _____

Birthday Child's Name: _____ Male Female

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

SUNSHINE PARTY <input type="checkbox"/> Saturday • 10:00 am - Noon	Location <input type="checkbox"/> Dolphin Cove Family Aquatic Center <input type="checkbox"/> Sleepy Hollow Pool	Number of Guests <input type="checkbox"/> 0-20 Guests • Fee: \$342 <input type="checkbox"/> 21-40 Guests • Fee: \$421 <i>Over 40 guests please call</i>
--	---	---

TWILIGHT RENTAL <input type="checkbox"/> Saturday • 6:30-8:30 pm <input type="checkbox"/> Sunday • 6:30-8:30 pm	Location <input type="checkbox"/> Dolphin Cove Family Aquatic Center <input type="checkbox"/> Sleepy Hollow Pool	Number of Guests <input type="checkbox"/> 0-30 Guests • Fee: \$369 <input type="checkbox"/> 31-60 Guests • Fee: \$448 <i>Over 60 guests please call</i>
--	---	---

SPLISH SPLASH PARTIES <i>Over 30 guests please call.</i>	
DOLPHIN COVE FAMILY AQUATIC CENTER Weekdays <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> 11:00 am-1:00 pm <input type="checkbox"/> 2:00-4:00 pm <input type="checkbox"/> 5:00-7:00 pm Weekends <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> 1:00-3:00 pm <input type="checkbox"/> 3:00-5:00 pm Number of Guests <input type="checkbox"/> 0-10 Guests • \$185(R)/\$205(NR) <input type="checkbox"/> 11-20 Guests • \$237(R)/\$269(NR) <input type="checkbox"/> 21-30 Guests • \$290(R)/\$332(NR)	SLEEPY HOLLOW POOL Weekdays <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> 2:00-4:00 pm <input type="checkbox"/> 6:00-8:00 pm Weekends <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> 1:00-3:00 pm <input type="checkbox"/> 3:00-5:00 pm Number of Guests <input type="checkbox"/> 0-10 Guests • \$158(R)/\$179(NR) <input type="checkbox"/> 11-20 Guests • \$200(R)/\$232(NR) <input type="checkbox"/> 21-30 Guests • \$241(R)/\$284(NR)

All parties include: 10 balloons, ice cream cups for all children, goodie bags for all children, full use of the aquatic facility, two tables with table cloths for use during the time slot. You may bring your own food. A manager will contact you a few days prior to your reserved date. \$50 partial payment is due at the time of registration. Return form to the Rakow Center, 665 Barrington Ave. Carpentersville or Randall Oaks Recreation Center, 500 N. Randall Rd. West Dundee. Fax or on-line reservations will not be excepted.

Office Use Only		
Party Fee: _____	Pavilion Rental \$20: _____	Number of Dolphin Meals: _____ x \$4.25 = _____
Private Sunshine or Twilight party \$100: _____	Type of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	
<input type="checkbox"/> Paid \$50 partial payment - Employee Initials _____		Total Due Day of Rental: _____

I have read and agree to all the information provided on this rental form and understand the terms and conditions of my party fees.

Signature of Applicant: _____ Date: _____