



Dolphin Cove 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

Saturday • 10:00 am - Noon

Number of Guests

- 0-20 Swimmers • Fee: \$350(R)/\$375(NR)
 - 21-40 Swimmers • Fee: \$425(R)/\$450(NR)
- Over 40 guests please call.*

TWILIGHT RENTAL

- Saturday • 6:30-8:30 pm
- Sunday • 6:30-8:30 pm

Number of Guests

- 0-30 Swimmers • Fee: \$375(R)/\$400(NR)
 - 31-60 Swimmers • Fee: \$450(R)/\$475(NR)
- Over 60 guests please call.*

SPLISH SPLASH PARTIES

Weekdays

- M Tu W Th F
- 11:00 am-1:00 pm 2:00-4:00 pm 5:00-7:00 pm

Weekends

- Saturday Sunday
- 1:00-3:00 pm 3:00-5:00 pm

Number of Guests

- 0-10 Swimmers • \$200(R)/\$220(NR)
 - 11-20 Swimmers • \$250(R)/\$275(NR)
 - 21-30 Swimmers • \$300(R)/\$330(NR)
- Over 30 guests please call.*

ADDITIONAL OPTIONS

- Pavilion • Additional \$50
- Fully Private Party* • Additional \$100
**Only available for Twilight & Sunshine Rentals*
- Climbing Tree • \$75 for 1 hour

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: _____ Additional Options Fee: _____ Number of Dolphin Meals: _____ x \$4.25 = _____

Private Sunshine or Twilight party \$100: _____ Type of Payment: Cash Check Credit Card

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: _____