



# 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: \_\_\_\_\_

<b>SUNSHINE PARTY</b> <input type="checkbox"/> Saturday • 10:00 am - Noon	<b>Location</b> <input type="checkbox"/> Dolphin Cove Family Aquatic Center <input type="checkbox"/> Sleepy Hollow Pool	<b>Number of Guests</b> <input type="checkbox"/> 0-20 Guests • Fee: \$342 <input type="checkbox"/> 21-40 Guests • Fee: \$421 <i>Over 40 guests please call</i>
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<b>TWILIGHT RENTAL</b> <input type="checkbox"/> Saturday • 6:30-8:30 pm <input type="checkbox"/> Sunday • 6:30-8:30 pm	<b>Location</b> <input type="checkbox"/> Dolphin Cove Family Aquatic Center <input type="checkbox"/> Sleepy Hollow Pool	<b>Number of Guests</b> <input type="checkbox"/> 0-30 Guests • Fee: \$369 <input type="checkbox"/> 31-60 Guests • Fee: \$448 <i>Over 60 guests please call</i>
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<b>SPLISH SPLASH PARTIES</b> <i>Over 30 guests please call.</i>	
<b>DOLPHIN COVE FAMILY AQUATIC CENTER</b> <b>Weekdays</b> <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  <b>Weekends</b> <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> 1:00-3:00 pm <input type="checkbox"/> 3:00-5:00 pm  <b>Number of Guests</b> <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)	<b>SLEEPY HOLLOW POOL</b> <b>Weekdays</b> <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  <b>Weekends</b> <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> 1:00-3:00 pm <input type="checkbox"/> 3:00-5:00 pm  <b>Number of Guests</b> <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.

<b>Office Use Only</b>	<input type="checkbox"/> Paid \$50 partial payment - Employee Initials _____
Party Fee: _____ Pavilion Rental \$20: _____	Number of Dolphin Meals: _____ x \$4.25 = _____
Type of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	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: \_\_\_\_\_