



Des Plaines Park District

Splash Party Reservation Request

Please complete a separate form for each requested date.

Incomplete forms and forms submitted without a \$50. deposit are not processed.

Be sure to include a phone number where you can be reached for questions. *Thank you for your reservation!*

Reservation Date _____
First Choice Day of the week Month Date

Please check the time you prefer (1st choice):

Mon-Fri: 10:00a-noon
Saturday: 10:00a-noon 6:00-8:00p
Sunday: 10:00a-noon 4:00-6:00p

Reservation Date _____
Second Choice Day of the week Month Date

Please check the time you prefer (2nd choice):

Mon-Fri: 10:00a-noon
Saturday: 10:00a-noon 6:00-8:00p
Sunday: 10:00a-noon 4:00-6:00p

Splash Party For _____

Contact Person _____

Address _____

City _____ **State** _____ **Zip** _____

Phone Number _____ Office Cell Home

Alternate Number _____ Office Cell Home

Fax Number _____

E-mail Address _____

Number of Children (under 18) _____

Number of Adults* (18 and older) _____

Due to capacity restrictions in the IDPH Phase 4 guidelines, the maximum number of guests is 25.*

Pool Party Fee (up to 20 guests) R: \$250/NR: \$315 = \$ _____

Total # of Additional Guests* x \$5/Guest = \$ _____

less your \$50 Deposit - \$50.00

Total due on arrival = \$ _____

Check Enclosed Visa Master Card Discover **Expiration Date** _____ / _____

Card Number

Please do not email your credit card information.

CVV 3-digits
On back of card

Cardholder Name _____ **Charge Amount** \$ _____

Signature _____ **Date:** _____

*There must be at least one adult present for every five children age ten and older, and one adult present for every five children under the age of ten. Supervisors who are eighteen years and older are considered adults.