



FOX VALLEY PARK DISTRICT • OUTDOOR AQUATIC CENTERS

Birthday Party Request and Agreement

Party Information

Requested Date _____ Today's Date _____

Please select from the following options:

- Party Location Adventure Island at Phillips Park Family Aquatic Center Super Splash at Splash Country Water Park
 Day Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Time 12 to 1:30 p.m. 2 to 3:30 p.m. 4 to 5:30 p.m.

Contact Name _____ Email _____
 Birthday Child _____ Age Turning _____
 Contact's Address _____
 City _____ State _____ ZIP _____
 Contact Phone Number _____ Cell Phone Number _____
 Emergency Contact Name _____ Phone Number _____

Party Details

Guests Number of Adults _____ Number of Children _____ Total Number of Guests _____
 Food Choice Cheese Pizza with 16 oz. soft drink per person. Guests may provide their own cake from a retailer.

Party Package Fees (includes up to 15 guests)

Party Package	Package Rates		Additional Guests		Number of Guests	Total
	Resident	Non-resident	Resident	Non-resident		
<input type="checkbox"/> Super Splash (Splash Country)	\$165	\$179	\$10	\$12		
<input type="checkbox"/> Adventure Island (Phillips Park)	\$165	\$179	\$10	\$12		
<input type="checkbox"/> Outdoor Aquatics Member Discount (-\$15)						
					50% Deposit	
					Total Due	

Secure your Reservation

To secure your reservation, please submit this form, along with 50% deposit, to:

Mail or drop-off: FOX VALLEY PARK DISTRICT, VAUGHAN ATHLETIC CENTER | 630-907-9600 | Email: modom@fvpd.net
 2121 W. INDIAN TRAIL, AURORA, IL 60506
 Attn: MATT ODOM

- Request Form and Agreement Reservations Guidelines Form 50% Deposit

Remaining balance is due 7 days before your event.

Checks should be made out to the Fox Valley Park District and mailed to the Vaughan Athletic Center, 2121 W. Indian Trail, Aurora IL 60506.
 To pay by credit card, please call 630-907-9600. Payment cannot be made directly at the outdoor aquatic center. A receipt will be emailed once the rental has been processed. In order to properly protect all our guests, we ask that you read the enclosed rules and make these rules known to all group members before entering the park.

CONTACT SIGNATURE _____ DATE _____
 STAFF SIGNATURE _____ DATE _____

For staff only:

Check One: Check # _____ Visa MasterCard Discover Cardholder Name _____
 Card # _____ - _____ - _____ - _____ Expiration Date ____/____