BIRTHDAY BUBBLES - RESERVATION FORM VILLAGE OF NEW GLARUS

(www.newglarusvillage.com)

| PLEASE COMPLETE FORM IN FULL | | |
|--|--|--|
| Name: | | |
| Address: | | |
| Home Phone: | City: | Zip: |
| Day Phone(s): | | |
| Email Address: | | |
| rental fees: \$175 for 2 | hours. Maximum n date availability, pay | lable on Saturday or Sunday mornings. Pool number of swimmers is 20. Please check ment is accepted at New Glarus Pool or n full with reservation. |
| Name of Birthday Boy/Girl | : | |
| Date Requested: | | _ |
| Time Requested: | | _ |
| Should the event need to Village staff will make the | | weather, please provide alternate date and time. Ellation due to weather. |
| Alternate Date: | | |
| Alternate Time: | | |
| | • | .00 of the cost provided you notify the Village/Pool e. Any cancellation made by the Village shall be |
| PLEASE READ AND SIGN THE C | ONSENT FORM: | |

We acknowledge that we are familiar with the risk and dangers inherent in recreational activities. We agree to hold the Village of New Glarus, its officers, agents and employees, both individually and in his or her official capacity, harmless from any liability for injury or damage to person or property as a result of the undersigned's participation in said activities. We further agree that the person supervising the activity may, without further permission, take whatever step he or she deems necessary in case of injury. Which may include, obtaining emergency medical or dental care and to hold the Village of New Glarus, it officers, agents and employees harmless from liability in connection therewith as above specified.

Signed

Participant's parent(s) or guardian

TOTAL FEE: \$_____

DATE PAID:_____ CASH/CHECK #_____