

KID ROCK PARTY REQUEST FORM

Parent/Guardian's Name: _____

Child's Name: _____ Child's Date of Birth: _____

Address: _____

Primary Number: _____ Secondary Number: _____

Date Requested: _____ Approximate Time: _____

Number of Children Attending: _____ (up to 12 children)

Additional Children (\$5): _____ (Max of 25)

Party Location: Weiss Community Center Meeting Room

Cost: \$182

Theme: Kid Rock-n-Roll!

Description:

For ages: 2-6 years

Come sing, dance and have a blast at a Kid Rock 'n' Roll party! While using a variety of musical instruments like tambourines and maracas, and props like bean bags, ribbons and a parachute, we will sing and dance together to rock 'n' roll songs like Twist & Shout, Limbo Rock, and Splish Splash! It will be a "musical" success!

Format: You will be provided with a 45 minutes of entertainment for your child and their guests. The program is a movement and music based event tailored to the Kid Rock 'n' Roll theme. After that you will have the use of the meeting room for up to (but not to exceed) 1 hour and 15 minutes. We will also provide a party supervisor to help with entertainment, food distribution and clean up. You may use the room for providing food and/or opening presents. Any other uses of the room must be approved by the Recreation Supervisor responsible for the program.

Payment/ Cancellation Policy:

- Form must be completed at least 3 weeks prior to the date requested.
- Form should be recognized as a request form only; request form does not imply this party is finalized.
- Payment can be made at the time of request but does not indicate the party is finalized.
- Upon confirmation, payment must be made within 5 days to secure date agreed upon.
- Cancellation of party:
 - 10 days prior to the party date to receive a full refund
 - 5 days prior to the party date to receive a 50% refund
 - Less than 5 days prior to the party refund will be forfeited.

Increasing/Decreasing Number of Children: Number of party participants and final party details must be provided to River Trails Park District no later than 8 days before the party is conducted.

We agree to the terms specified above.

Signature of Parent/Guardian: _____

Date: _____

Please sign & hand in or fax back to River Trails Park District @ 847-255-1285

Office Staff

Turn Over



Supervisor only

Date Requested Approved: Yes No	Parent Contacted: Yes No
Secondary Date Suggestion: _____	Suggestion Agreed upon: Yes No
Approved on: _____	Approved by: _____

Office Use only

Initial Payment	Additional Payment	Office Staff
Total Fee: _____	Balance Due: _____	Payment Entered in Class: _____
Amount Paid: _____	_____ X \$5 ea. (Add'l. child): _____	Date: _____
Accepted by: _____	Amount Collected: _____	Entered By: _____
Written in Book: _____	Accepted by: _____	
Entered in Class: _____	Type of Payment (<i>circle one</i>)	
Original to Supervisor: _____	Cash Check # _____ Credit Card	
Type of Payment (<i>circle one</i>)		
Cash Check # _____ Credit Card		

_____ Payment not taken at the time of the request