

Happy
Birthday!



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DEPARTMENT OF PARKS AND RECREATION

5500 SCHOFIELD AVE., WESTON WI 54476
(715) 359-6114 (715) 359-9988
(715) 241-SWIM (7946) – AQUATIC CENTER

WESTON AQUATIC CENTER BIRTHDAY PARTY REQUEST FORM

Applicant Name: _____

Reservation Date Requested: _____

Address: _____

Time of Use: _____

Phone Number: _____

Time you would like to eat: _____

Today's Date: _____

Number of Participants: _____

PAYMENT SHOULD NOT BE MADE UNTIL DAY OF EVENT

Birthday Party Package

\$6 each person (minimum of 6)

A two-day reservation notice is required

Members of the party who wish not to get the package must still pay the daily admittance fee

Package includes:

Admission cost for each person in the party

1 – 9oz. Soda for each child

Slice of pizza

Ice cream treat

You may bring in cake and birthday gifts



Date fee paid: _____

Staff Signature: _____

The undersigned accepts full responsibility for the conduct of the above group while on park property and agrees to indemnify and save harmless the Village of Weston from any and all liability which might be occasioned to said Village by virtue of granting permission in the rental agreement. I further agree to exercise due care in the preservation of the premises. I further agree that I will ensure compliance with all rules, regulations, or ordinances applicable to the use of the Weston Aquatic Center.

Applicant Signature: _____

Date: _____