

ALGONQUIN PRIVATE POOL PARTY PACKAGE APPLICATION

You and your friends (up to 400) will have complete access to the swimming pool, splashpad, and locker room during closed hours for your party. We staff the facility with Lifeguards and a Manager to supervise your swimmers. **Mail or Drop Off**

Application to: Recreation Department * 2200 Harnish Drive, Algonquin, IL 60102

Fee/Day/Time:

Fees for Pass Holders:

Friday: 7:30-9:30p (semi-private, \$175)

Saturday & Sunday:

1-50 Guests - \$225

51- 100 - \$275

101 + - \$350

Fees for Non Pass Holders:

Friday: 7:30-9:30p (semi-private, \$325)

Saturday & Sunday:

1-50 Guests - \$350

51-100 - \$425

101 + - \$500

*Unavailable Dates: 5/25, 5/26, 6/21, 6/22, 6/23, 8/16, 8/17, 8/18, 8/23, 8/24, 8/25, 8/30, 8/31, & 9/1

Date of Party: Month: _____ Day _____ Year _____		
Time/Day of Party: _____ Friday (7:30-9:30p) _____ Saturday (6:30-8:30p) _____ Sunday (6:30-8:30p)		
Contact Person: _____		# of Patrons: _____
Contact Person Address/City/Zip: _____		
Telephone: _____		Email: _____
Type of Party: _____		
Special Notes to Shift Manager: (i.e. bringing in cake, will use park outside facility, etc.) _____		
Pool Party Base Fee (Based on number of guests)		\$ _____
Package 1: Hotdogs, Chips, Drink, and Ice Cream	_____ x \$8.00	+ _____
Package 2: Ice Cream Only	_____ x \$3.00	+ _____
Number of Guests		
TOTAL FEE DUE		= _____

I have read and understand the Village of Algonquin's Refund Policy and Pool & Splash Pad Rules.

In case of MEDICAL EMERGENCY, I authorize Village of Algonquin personnel to take such emergency action as may be deemed necessary.

Please read this form carefully and be aware that in enrolling and participating in any program/course/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/course/activity.

I recognize and acknowledge that there are certain risks of physical injury associated with participating in this program/course/activity, and I voluntarily agree to assume the full risk of any injuries, damages, or losses, regardless of severity, that I or my minor child/ward may sustain as a result of such participation. I fully understand and agree that all programs/courses/activity shall be at my or my minor child/ward's sole risk. I further agree to waive and relinquish all claims I or my minor child/ward may have or which may occur to me and/or my minor/ward as a result of participation in this program/course/activity. I do hereby fully release and forever discharge the Village of Algonquin from any and all claims for injuries, damages, or loss that I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/course/activity. I have read and fully understand the important information listed above, warning of risk, assumption of risk and waiver, and release of all claims. I do hereby fully release the Village of Algonquin to take photos or video imaging of the activity(s) that I (or my minor child) am participating in for future use as the Village deems necessary.

Signature of Responsible Party _____

Date _____

Office Use Only:

Date Processed:	Received By:	Amount Processed:	Check Number
-----------------	--------------	-------------------	--------------