

EAST HAVEN RECREATION DEPARTMENT



Patsy DiLungo Ice Rink Birthday Party Reservation Form

71 Hudson Street, East Haven CT 06512 * 203-468-3367

www.easthavenrecreation.org



NAME: _____ CELL: _____

ADDRESS: _____

TOWN: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

DATE OF EVENT: _____ TIME: _____

NUMBER OF PARTICIPANTS: _____

Party Package includes 1.5 hours of ice time, skate rental and use of the main lobby for gathering.

For an additional \$50 your party can increase to 2 hours if the schedule allows.

COSTS: \$275 includes 20 skaters, party attendant and skate rentals. The cost for each additional skater is \$10. The balance of the party cost and additional skaters must be paid in full the day of the party (credit/debit card only).

FOOD/DECORATIONS: Food is to be arranged through the rink concession stand vendor provided there is one at the time of your event booking. The vendors contact information will be included in correspondence when discussing your event. Please inquire with any further questions.

FOOD IS NOT ALLOWED IN THE ICE RINK AREA.

Decorations may be brought in and set up 1/2 hour prior to the event. All decorations must be removed at the end of the party/event. Decorations are limited to the tables. Please do not tape any items to the walls or doors.

PAYMENT: A \$150 deposit is required the day of booking. The balance is due the day of the event. No cash is accepted. Credit cards or checks only for deposit. Final payment must be credit/debit card.

CANCELLATION: Any party cancelled within 48 hours of the party will result in the forfeit of the deposit.

LIABILITY WAIVER: I AGREE TO RELEASE THE Town of East Haven against all liability (statutory or otherwise) claims, suits, demands, judgements, costs, interest and expense including but not limited to, attorney's fees and disbursements) arising from any injury or death. I assume all responsibility for myself, or as legal guardian for a child, parent, or other person, so identified for any bodily injury that may occur as a result of the inherent risks of skating.

ALL SKATER'S MUST SIGN A WAIVER UPON ENTRY. 17 & UNDER MUST HAVE A PARENT/GUARDIAN SIGN.

SIGNATURE: _____ DATE: _____

For office use only:

Deposit: _____ Additonal Skater's _____ Balance: _____

*Please email form to cavena@easthaven-ct.gov