



DEPARTMENT OF PARKS AND RECREATION

5500 Schofield Avenue, 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 Request: _____
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

\$7 per person (minimum of 6)

A two-day reservation notice is required

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

Package Includes:

Admission cost for each person in the party

1 – 9 oz. soda for each person

Slice of pizza

Ice cream treat

You may bring in cake and birthday gifts

Date 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 granted 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: _____