



City of Waukesha Department of Parks, Recreation and Forestry Department (WPRF)  
1900 Aviation Drive, Waukesha, WI 53188 (262-524-3737)

**“SPLASHTASTIC” BIRTHDAY/FAMILY PARTIES**  
**@ Horeb Springs Aquatic Center**



Day/Date of Event: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Est. attendance: \_\_\_\_\_ Birthday Party Child's name and D.O.B.: \_\_\_\_\_

**Time Schedule:**

Horeb Springs Aquatic Center will be available from  
June 17 - August 18, 2019

**Monday - Friday:**

**1:00 - 4:00 pm (June 17-August 9)**

**1:00 - 7:30 pm (August 12-16)**

**Saturdays:**

**12:30 - 7:30pm during Open Swim**

**Sundays:**

**10:00 am - Noon during Family Swim**

**1:00 pm - 6:30 pm during Open Swim**

**Rental Rates:**

**INITIAL FEE:** For up to 8 children & 3 adults\*

\*Adults are considered age 18 and up

**Resident: \$99      Non-Resident: \$119**

**\$10.00** for each additional participant (Child or Adult)

**MAXIMUM PARTY SIZE:**

- 16 Children
- 6 Adults (18 years and older)



**Party Package-Each participants receives:**

- Admission to pool
- Unlimited use of slides (height requirement of 4 feet)
- **Meal Choice:** Hot dog, Chicken Nuggets or Pizza Slice
- **Snack:** Popcorn
- **Drink Choice:** Slushie, Soda & Bottled Water

**PLEASE NOTE:**

- The party group will have a reserved section of the pool deck for a maximum of 3 hours.
- We will supply table cloth, napkins, plates, and condiments. You are welcome to bring outside decorations. (Balloons, party favors, etc)
- Please provide a list of party guest names to Pool Staff on the day of event.
- The Party Attendant will take food orders upon arrival.
- Birthday cake is not included but a cake may be brought in. (You will need to supply utensils and plates if desired)
- The number of registered participants for the party will be the allowed number of guests on the reserved table and private section of pool deck.
- Pool passes will not be accepted as admission to be included in the party group. All party guests must pay entire party fee.

**Application:** Must be submitted to the WPRF Office at least seven business days in advance of rental date with full payment. The adult submitting application must be present on the day of the party.

**Refund Policy:** If weather is a consideration, every effort will be made to reschedule your party prior to attending. Once at the pool, no refunds will be given. No refunds will be given for registered party guests who are absent on party date.

**Cancellation Policy:** Please call the pool to notify staff that you will not be attending. Horeb Springs Aquatic Center: 262-524-3727. The Staff at HSAC will contact you if the pool will not be opening. Any questions on the weather, call the Information Hotline: 262-522-9356 Ext. 2. The message will be updated throughout the day.

The undersigned accepts full responsibility for the conduct of the group while on Park property and agrees to exercise due care to the rules, regulations and policies applicable to the use of the City of Waukesha Parks, Recreation and Forestry Horeb Springs Aquatic Center Pool.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Responsible party 18 years or older)

**\*\*\*Important\*\*\* Bring your copy of application or permit to the pool on your reserved day.**



City of Waukesha Department of Parks, Recreation and Forestry Department (WPRF)  
 1900 Aviation Drive, Waukesha, WI 53188 (262-524-3737)

**“SPLASHTASTIC” BIRTHDAY/FAMILY PARTIES**  
**@ Horeb Springs Aquatic Center**



**Office Use Only**

Party Booked by: \_\_\_\_\_ On: \_\_\_\_ / \_\_\_\_ /2019

**Cost of Party**

RESIDENT FEE	\$99.00	=	\$	_____
NON-RESIDENT FEE	\$119.00	=	\$	_____
ADDITIONAL PARTICIPANTS	\$10.00	X	_____	= \$ _____
(Total # of additional participants)				
<b>TOTAL COST OF PARTY = \$ _____</b>				

**METHOD OF PAYMENT**

Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_  
Check One

**CREDIT CARD PAYMENTS**

Card Holder Name: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_  
 Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ CSC: \_\_\_\_\_

**\*VISA OR MASTERCARD ONLY\***

Usage Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Important\*\*\***

**Bring your copy of application to the pool on your reserved day.**