

BIRTHDAY PARTY CONTRACT

McBean Park Memorial Pool
61 McBean Park Drive
Lincoln, CA. 95648 (916)434-3220

Guest of Honor's name: _____ Male/Female Age: _____

Parent's Name: _____ Phone: (H) _____ (C) _____

Address: _____ City: _____ Zip Code: _____

Email address: _____

Total number of guests attending (including Guest of Honor): _____

Date of Party: _____ Party Celebration Time: _____

Party Area During Public Swim: Snack Bar Spray Park Pool Area

___ \$150 1-8 children includes
4 free adult chaperones

___ \$240 9-16 children includes
8 free adult chaperones

___ \$4 each additional child/adult

Option: Pizza

Large Pizza & Soda \$20/8 Guests

___ Pepperoni ___ Cheese

Drink: _____

FEES

Party Package \$ _____

Additional Guests:

\$4 x _____ guests = \$ _____

Pizza Package:

\$20 x _____ pizzas = \$ _____

Total \$ _____

Payment Method:

___ Cash ___ Check ___ Credit

Birthday Party Rules and Regulations

Guest List: _____ (initials)

A guest list must be provided on the day of the birthday party, The City of Lincoln is not responsible for lost or stolen items or any items left after an event.

Party Times: _____ (initials)

Guests may enter the facility before party time, but will not be able to start their party until designated time. Guests are limited to 1 hour in the party area during specified times only. NO EXCEPTIONS.

Inclusions: _____ (initials)

Party packages include swimming, cake, paper products, and lemonade (and pizza, if applicable) for paid party participants only.

Chaperones: _____ (initials)

It is required that there be at least 1 adult in attendance for every 12 children over the age of 8 and 1 adult in attendance for every 6 children under the age of 8.

Outside Food, Alcohol and/or Amenities: _____ (initials)

No alcohol is permitted at the McBean Pool Complex.

Changes in the Agreement: _____ (initials)

All changes from the original agreement, including transferring of dates must be approved by staff. Pool staff will determine if additional fees are required. Any change in number of attendees requires a minimum of seven (7) days notice.

Cancellations/Refunds>Returns: _____ (initials)

All requests must be submitted in writing. Requests received 7 business prior to event will receive a 100% refund. Requests made less than 7 days prior to the event will receive no refund. If payment was received by cash or check, a refund check will be issued within 2-3 weeks. If payment was made by credit card, a credit will appear on the account within 3-4 business days.

Payment Method: The City of Lincoln accepts Cash, Check, or credit card.



Pick 2 colors for balloons and paper products.

| | | |
|-------|------------|----------|
| PINK | PURPLE | ORANGE |
| RED | ROYAL BLUE | YELLOW |
| GREEN | LIGHT BLUE | LAVENDAR |