

East Boulder Community Center/Senior Center

Birthday Party Rentals

5660 Sioux Drive, Boulder, CO 80303

303-441-4150, Fax: 303-413-7495

Date of use: _____

Person Responsible: _____

Address: _____

(Street) (City) (Zip)

Phone (home): _____ Phone (work): _____

Room to be used: _____

(We reserve the right to move functions to rooms other than those contracted)

Time: From _____ to _____ Anticipated Attendance _____

Fee: \$50 for two hours (minimum of two hours). Each additional hour \$25.00

Amount Due: _____

Check _____ Make Checks payable to: **City of Boulder**

CC: VISA _____ MC _____ Number _____ Exp. Date _____

Birthday Information

- Recreation Center Fees are not included. Fees will be paid to the recreation front desk upon arrival.
- In the event of an unforeseen closure in the leisure pool, the Recreation Center may not be able to accommodate your swimming activity.
- No decorations shall be affixed in any manner to painted dry wall of the center.
- Wood beams and glass surfaces may be used for attaching decorations. All tacks, staples, and tape must be removed by renter.
- Provide adult supervision (21 yr. or older) for children's activities at a ratio of 1 adult per 10 children, ages 3-12 years; teen groups (13-19) require 1 adult for every 15 youth.
- Return room to original condition, including clean up of room.
- No open flame, candles etc. are allowed.
- No colored punch of any kind, as it stains the carpet.
- Renter will be responsible to pay for any and all damages that occur during the designated time. A staff member will check the room at the conclusion of the rented time.
- Full refund 1 week notice. Under one week half refunded. Day of party no refund.

Unexpected Pool closures

The City of Boulder Parks & Recreation Department reserves the right to close the pool without notice, should conditions deemed a health risk by the Health Department exist.

The Undersigned hereby applies for a room reservation at the East Boulder Community Center/Senior Center and understands the facility requirements as stated above.

Signature of individual reserving the facility _____ Date _____

Staff Approval _____ Date _____

09/04 amt