

**BIRTHDAY BUBBLES - RESERVATION FORM**  
**VILLAGE OF NEW GLARUS**  
(www.newglarusvillage.com)

PLEASE COMPLETE FORM IN FULL

|                      |             |            |
|----------------------|-------------|------------|
| Name: _____          |             |            |
| Address: _____       |             |            |
| Home Phone: _____    | City: _____ | Zip: _____ |
| Day Phone(s): _____  |             |            |
| Email Address: _____ |             |            |

BIRTHDAY BUBBLES reservations are available on Saturday or Sunday mornings. Pool rental fees: \$100 for 2 hours. Maximum number of swimmers is 20. Reservations accepted at New Glarus Pool or Village Clerk's Office. Payment expected in full with reservation.

Name of Birthday Boy/Girl: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Time Requested: \_\_\_\_\_

Should the event need to be rescheduled due to weather, please provide alternate date and time. Village staff will make the determination on cancellation due to weather.

Alternate Date: \_\_\_\_\_

Alternate Time: \_\_\_\_\_

**Cancellation policy:** You will be refunded \$90.00 of the cost provided you notify the Village/Pool 24 hours in advance of scheduled reservation time. Any cancellation made by the Village shall be refunded in full.

**PLEASE READ AND SIGN THE CONSENT FORM:**

We acknowledge that we are familiar with the risk and dangers inherent in recreational activities. We agree to hold the Village of New Glarus, its officers, agents and employees, both individually and in his or her official capacity, harmless from any liability for injury or damage to person or property as a result of the undersigned's participation in said activities. We further agree that the person supervising the activity may, without further permission, take whatever step he or she deems necessary in case of injury. Which may include, obtaining emergency medical or dental care and to hold the Village of New Glarus, its officers, agents and employees harmless from liability in connection therewith as above specified.

Signed \_\_\_\_\_  
Participant's parent(s) or guardian

**TOTAL FEE: \$** \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_ **CASH/CHECK #** \_\_\_\_\_