



Prewett Family Park & Community Center

4701 Lone Tree Way, Antioch, CA 94531

(925) 776-3070 Phone (925) 776-3078 Fax

2010 Group Reservation

(10 People Minimum)

Reservation Date: _____	Arrival Time: _____
Name: _____	Telephone #: _____
Address: _____	City: _____ ZIP: _____
Activity/Function: _____	
<p>**Due to the ongoing economic crisis and its impact to the City budget, we have increased our prices as follows effective 07/01/10:</p> <p>OPTION 1: Saturday/Sunday/Holiday Group Reservation</p> <p># of people _____ x \$10.00 = \$ _____ + _____ Free (1 free adult per 10 paid on <u>initial</u> purchase ONLY)</p> <p>OPTION 2: **Monday – Friday Group Reservation*</p> <p># of people _____ x \$8.00 = \$ _____ + _____ Free (1 free adult per 10 paid on <u>initial</u> purchase ONLY)</p> <p>**\$7.00 per person for groups of Fifty (50) or more Monday – Friday only (see Large Group form)</p>	
Amount Paid: _____	Visa / MC #: _____
Cash / Check #: _____	Expiration Date: _____
	Signature: _____

GROUP RESERVATIONS: A group is considered ten (10) or more individuals. For youth groups, one (1) adult will be required for every ten (10) youths (18 years & under) to oversee their behavior. The admittance for that one adult will be free of charge. The original purchaser may purchase additional group tickets, if needed, on the day of the event. All fees must be paid when reserving. **GROUP RESERVATIONS DO NOT INCLUDE FOOD.**

- ◆ Reservations must be made **at least 3 days in advance** and payment is due at this time.
- ◆ Payment can be made by Check, Cash, Visa, MasterCard or Discover.
- ◆ Checks for reservations should be made payable to: City of Antioch.
- ◆ A \$7.00 Service Fee applies to Group Party Cancellations. **NO PARTIAL REFUNDS**

THIS IS A WAIVER AND RELEASE. READ IT CAREFULLY BEFORE YOU SIGN IT. My signature certifies that I have read the conditions as set forth by the City of Antioch Recreation Department governing the use of the items specified above; that I will take full responsibility for seeing that the use of these facilities/area by the organization/group I represent is in full adherence and compliance with these conditions; that I will hold the City harmless from any damage, claim for damage for personal injury or death, damage to or loss of property incurred in the use of these facilities/area; that if there are any minors in the group using these facilities/area, I will accept full responsibility for them throughout the period covered by this Division Application Permit. **I HAVE READ THIS RELEASE CAREFULLY. I UNDERSTAND AND ASSUME THE RISKS INVOLVED. BY SIGNING, I GIVE UP MY RIGHT TO SUE.**

Date: _____ Applicant Signature: _____

<u>FOR OFFICE USE ONLY</u>
TIX: Mailed/Received on: _____ - OR- Will Call _____
Thank You sent on: _____ by: _____