

**City of Saline Parks & Recreation / 1866 Woodland Saline, MI 48176  
(734) 429-3502 (734) 429-5208 Fax**

**Cabana Birthday Party Application**

**Contact Name** \_\_\_\_\_ **Member** [ ] **Non-Member** [ ]  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone 1** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Date Requested** \_\_\_\_\_ , 20\_\_\_\_

Monday	10:30-11:30am	Saturday	12:00-1:00pm	Sunday	12:30-1:30pm
Tuesday	12:00-1:00pm		1:30-2:30pm		2:00-3:00pm
Wednesday	1:30-2:30pm		3:00-4:00pm		3:30-4:30pm
Thursday	3:00-4:00pm		4:30-5:30pm		5:00-6:00pm
Friday	4:30-5:30pm				
(circle one)	6:00-7:00pm				
	7:30-8:30pm				
	(circle one)				

**Number Attending** \_\_\_\_\_ (not including two free parents/guardians)

**Extras:**

<b>Inflatable Moon Walk \$60.00</b> _____	<b>Time requested</b> _____
<b>Racquetball Court \$25.00</b> _____	<b>Time requested</b> _____
<b>DDR \$75.00</b> _____	<b>Time requested</b> _____
<b>Inflatable Dolphin \$75.00</b> _____	<b>Time requested</b> _____
<b>Aqua Volleyball \$75.00</b> _____	<b>Time requested</b> _____
<b>Helium Balloons \$5.00 x # _____ = \$ _____</b>	
<b>Activity Leader \$20.00/hour x #hours _____ = \$ _____</b>	<b>Time requested</b> _____

---

**Please draw a diagram for room set up**

I hereby made this application for the use of the above stated room(s) on the date and hours stated above. I also certify that the information on the application is true and that I have read and agree to abide by the rental policy pertaining to the use of City of Saline room(s) as adopted by the City of Saline. I also agree to the fee charged, and shall be responsible pertaining to the use of the facility in accordance with the rental policy.

I further agree to indemnify, defend and save harmless the City of Saline, its officers, agents and employees from and against all loss or expense (including costs and attorney fees) by reason of liability imposed by law upon the City of Saline, its officers, agents and employees for damages because of bodily injury, including death at any time resulting therefrom sustained by any person or persons, or on account of damage to property including loss of use thereof, arising out of or in consequence of the performance of this contract, whether such injuries to persons or damage to property is due or claimed to be due to the negligence of the contractor, the City of Saline, its officers, agents and employees, excepting only such injury or damage as shall have been occasioned by the sole negligence of the City of Saline, its officers, agents and employees.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_ Received by \_\_\_\_\_

Deposit Fee \$ \_\_\_\_\_ Receipt# \_\_\_\_\_ Balance Due\$ \_\_\_\_\_ Receipt # \_\_\_\_\_

Put on Facility Calendar \_\_\_\_\_ Put on Daily Sheet \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Visa/MC/DISC \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Approved By** \_\_\_\_\_ **Date** \_\_\_\_\_

**City Council Approved 1/24/05**