EAST HAVEN RECREATION DEPARTMENT



Patsy DiLungo Ice Rink Events Facility Reservation Form 71 Hudson Street, East Haven CT 06512 * 203-468-3367



www.easthavenrecreation.org

NAME:		CELL:		
ADDRESS:				
TOWN:	-	STATE:	ZIP CODE:	
EMAIL:				
DATE OF EVENT:				
NUMBER OF PARTICIPAN	ITS:			
Party Package includes 1	.5 hours of ice time, skate re	ental and use	of the main lobby for gathering.	
	• •		als. The cost for each additional skater is e paid in full the day of the party (credit/	
	kate party food can be brou concession stand will not be		guest. The guest is responsible for paper the party/event.	
FOOD IS NOT ALLOWED I	N THE ICE RINK AREA.			
•	• • •		vent. All decorations must be removed at s. Please do not tape any items to the	
	•	•	ance is due the day of the event. No cash nt must be credit/debit card.	
<u>CANCELLATION:</u> Any par	ty cancelled within 48 hour	s of the party	will result in the forfeit of the deposit.	
claims, suits, demands, ju fees and disbursements)	udgements, costs, interest a arising from any injury or d ent, or other person, so iden	nd expense i eath. I assur	gainst all liability (statutory or otherwise) including but not limited to, attorney's ne all responsibility for myself, or as legal bodily injury that may occur as a result of	
SIGNATURE:			DATE:	
For office use only:				
Deposit:	Additonal Skate	r's	Balance:	