**THE W.P.A.L RINK AT LONGSHORE**

**PARTY CONTRACT**

**Contact Person:**

**NAME/ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE CONFIRM MY PARTY FOR:**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APROXIMATE # OF PEOPLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL COST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SKATING PAKAGES**

***ALL PACKAGES ARE PER 1 HOUR* $400.00 cash or check**

***TIMES INCLUDE ICE RESURFACING* $425.00 credit card**

 **\*1 hour – maximum 25 people**

 **\*1.5 hours – maximum 50 people**

 **\*2 – 2.5 hours – maximum 100 people**

**RATE INCLUDES AVAILABLE RENTAL SKATES AND ICE TIME**

**Cancellation Policy: $150 is refundable if canceled prior to 14 days before your party reservation. If the**

**Rink is open prior to or after, your party will go on.**

**All private party food reservations should be made through *Joey’s by the Shore* at 227-5356 or 227-5068. NO OUTSIDE DELIVERIES OR CATERING PERMITTED (except Birthday Cakes).**

**Your party will be confirmed upon complete payment. You will receive a confirmation letter with complete party information after contract is received.**

**Please make checks payable to Westport P.A.L. and mail to:**

**Thin Ice Management**

**P.O. Box 2097**

**Westport, CT 06880**

* **Please be advised that Rink Staff will be present to hand out skates and will be available to provide any assistance needed.**
* **Remember you are responsible for the safety of your party.**

**LIABILITY WAIVER:**

**I am aware of the nature of the above activity and I hereby assume responsibility for the person(s) who will be participating. I will not hold Westport P.A.L., Thin Ice Management and/or its’ employees, agents or volunteers responsible in case of accident or injury as a result of this participation. I WILL ASSUME TOTAL RESPONSIBLILITY FOR ANY DECISIONS MADE REGARDING MEDICAL TREATMENT ON THE BEHALF OF MY GUEST(S). I have read the contract, understand and will adhere to the policies of the Westport P.A.L Rink at Longshore.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**