



Oregon Park District
304 S. Fifth Street, P.O. Box 237
Oregon, IL 61061
Phone: (815) 732-3101
Fax: (815) 732-3736

Splash Bash Pool Party

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alt. Phone: _____

Date & Time of Scheduled Pool Party: _____

Time of Room Reservation: _____ Number of Guests: _____

Signature: _____

A Splash Bash Pool Party Package will include a party room for one hour and facility fee for up to 25 people. Each additional guest will be charged \$2. All guest admissions must be paid for regardless if a guest is swimming or not. Reservations are required at least 2 weeks in advance. Refunds will only be considered if notice is given 10 days in advance.

Office Use Only:

Received by: _____ Date: _____

Amount Paid: _____ Room Reservation #: _____