



# Birthday Party Form

Birthday Guest's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender of Child \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home/Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Requested Date \_\_\_\_\_ Number of Participants \_\_\_\_\_

## Requested Day / Time (choose one)

Friday  
☐ 4:30-6:30pm

Saturday  
☐ 11:15am - 1:15pm  
☐ 2:00pm - 4:00pm  
☐ 4:45pm - 6:45pm

Sunday  
☐ 11:15am - 1:15pm  
☐ 2:00pm - 4:00pm  
☐ 4:45pm - 6:45pm

## Party Theme (circle one, see reverse side for package details)

☐ Gymnastics\*\*  
☐ Open Gym

☐ Dance  
☐ Sports

☐ Treehouse\*  
\*Assigned Treehouse Slot:  
12:15-1:15pm, 2:00-3:00pm 5:45-6:45pm

## Package Choice (circle one, see reverse side for package details)

☐ Standard ☐ Premium

## Cupcakes (choose one)

Cake

☐ Vanilla  
☐ Chocolate

Frosting

☐ Vanilla  
☐ Chocolate

## Pizza / Soda Choice (premium package only)

Please select the number of desired pizzas and soda next to each option (4 pizzas and 4 2-liters total)

\_\_\_ Cheese \_\_\_ Sausage \_\_\_ Pepperoni

\_\_\_ Lemonade \_\_\_ Coke \_\_\_ Sprite \_\_\_ Fruit Punch \_\_\_ Diet

## Calculate Price

a. Package Price (required) see reverse side for package fees		\$ _____
b. Additional Participants	_____ x \$5	\$ _____
c. Additional Cupcakes (12 count)	_____ x \$10	\$ _____
d. Additional Pizza (premium package only)	_____ x \$8	\$ _____
e. Additional Liter of Soda (premium package only)	_____ x \$3	\$ _____
** Required Instructor Fee (Gymnastics Party only)	_____ x \$20	\$ _____
		Total: \$ _____

**For Office Use Only:** Party Attendant: \_\_\_\_\_ Head Count \_\_\_\_\_

Balance \$ \_\_\_\_\_ Due On \_\_\_\_\_ Balance Paid On \_\_\_\_\_ Food Order Confirmed On \_\_\_\_\_

Cupcakes Ordered \_\_\_\_\_ Pizzas Ordered \_\_\_\_\_ Dates Contacted For Payment \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Party Package (choose one)

All birthday party packages include 2 hours in the party room, party attendant, basic decorations, tableware, cupcakes and clean up. There is a \$5 fee for any additional participant, fee does not include additional food. Final payment, number of participants and food order must be made no later than the Monday prior to your party date.

### Standard

\$125 R / \$150 NR

### Premium (includes pizza and soda)

\$150 R / \$175 NR

Pizzas by:



#### Gymnastics\*-

This package includes one hour instructor led gymnastics session and one hour in the party room.

(Additional instructor fee required, 24 participants max)

#### Open Gym\* -

The options are endless! Enjoy the freedom to use select gym equipment on one of our designated basketball courts!

#### Sports\* -

Choose a sport as your theme: soccer, basketball, volleyball, and more!

#### Treehouse\*-

Enjoy access to both the Treehouse Play Structures & Party Room for an hour each!  
Socks required.

(30 participants max)

#### Dance -

Learn a routine and then perform in front of your parent audience!

*\*Party will include 1 hour in the Gym/Mac Room or Treehouse (depending on theme choice) & 1 hour in the Party Room. Hours for each party location are assigned. Ask your party coordinator for details.*

#### Payment Information

A 50% non refundable, non transferable deposit is due at time of booking.

☐ Cash

☐ Check #

☐ Visa

☐ Mastercard

☐ American Express

Credit Card #: \_\_\_\_\_ Exp \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**Waiver** - Please be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk and waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. I understand that a 50% non-refundable, non transferable deposit is due at the time of booking and that the remaining 50% is due at least one week prior to my scheduled party. Final head counts and food orders must be made at least one (1) weeks in advance. I understand that I am only able to reschedule my party if I give the West Chicago Park District a minimum of one (1) weeks notice prior to my party. In the event of the facility closing, the party may be rescheduled for another date and time as available. As a participant in these West Chicago Park District programs, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the West Chicago Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the West Chicago Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses which I may have or which may occur to me on account of participation in these programs. I further agree to indemnify and hold harmless and defend the West Chicago Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the West Chicago Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered. The West Chicago Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.

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