

# **BIRTHDAY PARTY FORM**

Birthda	ay Guest's Name			Τι	urning	_ years old	
Renter	r's Name	Addres	s				
City		Zip Cod	е Но	me/Work Phone _			
Cell Ph	none	E-mail		I will be used as the main m			
			e-mai	I will be used as the main m	ethod of contact		
Requested Date		Maximum sea	Number Of Total Children (12 children included) Maximum seating of 24 adults and 24 children; If your party exceeds this amount, contact us about a room rental instead.				
Select	Party Room Time Slot						
	Friday	Saturday		Sunday			
	5:45-7:45pm	☐ 11:15am - 1:	15pm	☐ 11:15am -	1:15pm		
		2:00pm - 4:0	0pm	2:00pm - 4	1:00pm		
		4:45pm - 6:4	5pm	☐ 4:45pm - 6	5:45pm		
All birt packag ditiona to your	Package hday packages include a ges include pizza, drinks & il food in premium packa r party date at noon.  Choice (select one)  Open Gym  The options are endless a court assigned just fo	§ 12 cupcakes. There ge). Number of gueses  s! Enjoy the freedom to the second to	ant, table coverings is a \$5 fee for any ts and food order n	s and clean up for 1 additional participa nust be finalized no	2 participants. F nt (fee doesn't i later than the N	nclude ad- Ionday prior	
		☐ Standard \$	150 R / \$195 NR	☐ Premium	\$200 R / \$260	NR	
	<b>Treehouse</b> A 4-story indoor playgr toddler area. Childcare			es include slides, tu	nnels, climbing	and a	
		Standard \$	150 R / \$195 NR	☐ Premium	\$200 R / \$260	NR	
Character Party Choose your favorite princess or superhero for a special visit during your party. Enjoy photos Characters are subject to availability. Character/party confirmation will be provided within 7 k Advanced booking is strongly encouraged.							
	Preferred character cho	oice:					
		☐ Standard \$	300 R / \$390 NR	☐ Premium	\$350 R / \$440	NR	

### **Premium Package Food Selection** Cupcakes (select one cake and one frosting) (from Target bakery) Cake ☐ Vanilla ☐ Chocolate Frosting ☐ Vanilla ☐ Chocolate Pizza (select any six) Cheese \_\_\_\_ Sausage \_\_\_\_ Pepperoni \_\_\_\_ (from Pizza Now) **Drink Choice** (Select four options below) Fruit Punch \_\_\_\_ Coke \_\_\_\_ Diet \_\_\_ 12-pack mini water bottles \_\_\_ Lemonade **Party Price Calculator**

a. Package Price (see previous page)		\$
b. Private Party Attendant	x \$50	\$
c. Additional Children	x \$5	\$
d. Additional Cupcakes (12 count)	x \$12	\$
e. Additional Pizza (premium package only)	x \$9	\$
f. Additional 2-Liter (premium package only)	x \$3	\$
g. Additional hour in the Treehouse	x \$65	\$

(For Treehouse party packages only, subject to availability)

## Total: \$\_\_\_\_\_

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 the package fee is due at the time of booking and the final participant count and food order total is due the Monday prior to my scheduled party at noon.

In the event of a one-time cancelation/change, 50% of the amount paid will be assessed for parties cancelled more than 4 weeks before the scheduled date. The remaining 50% can be applied towards a future birthday rental within a 6 month period. Cancelations/changes must be processed at the same time. No cancelations or changes can be made less than 4 weeks in advance. For character party choices, an additional \$75 cancelation fee

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
For Office Use Only			
Facility Attendant:		Cupcakes Ordered	Pizzas Ordered
Balance \$ Due On		Balance Paid On	
Dates Contacted For Payment			