



Birthday Party Application

CHILD'S INFORMATION

FULL NAME
BIRTH DATE
FULL ADDRESS

PARENT / GUARDIAN #1

FULL NAME	
EMAIL	CELL PHONE

PARENT / GUARDIAN #2

FULL NAME	
EMAIL	CELL PHONE

CHILD'S MEDICAL

HISTORY OF COMMUNICABLE DISEASES / CONDITIONS REQUIRING MEDICAL ATTENTION	
ALLERGIES	EPIPEN OR ALLERJECT?

EMERGENCY CONTACT INFORMATION (not a parent)

NAME	PHONE
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PARTY DETAILS

DATE AND TIME	EXPECTED AMOUNT OF CHILDREN	CRAFT OPTION (CHECK WEBSITE)
PARTY TYPE (CIRCLE ONE) PREMIUM CLASSIC		ADD ONS (CHECK WEBSITE)

- Any and all guests must be provided in a list two weeks prior to the party including any necessary health restrictions.
- I, the applicant / parent of the birthday child, assume all risk in participation in all birthday activities for my guests.
- I, the applicant / parent of the birthday child, assume all damages in participation in all birthday activities for my guests.
- All outside vendors must have event insurance and all entering food must be nut-free.
- If rock climbing / trampoline room / gymnasium is used, guests must read and follow rules posted in room, applicant is in charge of informing guests, adult supervision is required.
- A \$300 deposit is required to cover damage or late fees, the full fee will be refunded after the party if there is no damage and the party ends on time, \$100 every 30 minutes late fee is applied.
- \$18 per additional child
- Please add HST to all fees except the deposit.
- The undersigned acknowledges that all fees, once deposited, are non-refundable and non-transferable.
- To the best of my knowledge, the information contained within this application is correct and complete.

Date: _____

Signature of Parent or Legal Guardian: _____