



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	MAIL			CELL PHONE	
CHILD'S MEDICAL					
HISTORY OF COMMUNICABLE DISEASES / CO	ONDITIONS REQUIRING MEDIC	CAL ATTENTION			
ALLERGIES	LLERGIES			PIPEN OR ALLERJECT?	
EMERGENCY CONTACT INFORMATIO	ON (not a parent)				
NAME	•		PHONE		
PARTY DETAILS					
DATE AND TIME	EXPECTED AMOUNT	MOUNT OF CHILDREN		CRAFT OPTION (CHECK WEBSITE)	
PARTY TYPE (CIRCLE ONE)		ADD ONS (CHECK WEBS		<u>I</u>	
PREMIUM	CLASSIC				

- · 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 (premium) \$20 per addition child (classic).
- \$50 for an additional instructor over 18 children.
- 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.

D-+-	Signature of Derent or Loc		
Date:	Signature of Parent or Leg	ıal Guardıan:	
Bato:	orginataro or ranoriti or Log	ar Oddraidri:	