



Birthday Party Package

Parent/Guardian Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date Requested: ___/___/___ Time: _____

Alternate Dates: ___/___/___ Time: _____

___/___/___ Time: _____

Age of Boy/Girl _____

Number of children attending _____

Package Option

Please circle one of the following: 1 Hour of Jump House (ages 1-9)) or 2 hours of Game Room (ages 8+)

Equipment

Please write the number of each that you are requesting

Basketballs (1-10) _____

Soccer Balls (1-10) _____

Dodge Balls (1-10) _____

Scooters (1-12) _____

Hula Hoops (1-12) _____

Children's Fun House Y N

<p>***IMPORTANT INFORMATION***</p> <p>Please completely fill out this form and submit it at least two weeks prior to the requested date. All submitted forms must be approved by facility director. We will try to accommodate your requested dates. We will contact to once forms are received and dates are confirmed. . Any decorations <u>not</u> provided by the GYC must be approved by the facility director. You are responsible for cleanup of any decorations that you provide.</p>
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I, _____, have read all terms of the Birthday Party Policies and the GYC Facility Policies. By signing below, I agree to follow all Birthday Party Rules and Policies. I understand that failure to follow the GYC policies could result in a removal of the party from the facility.

Signature

Date