



Birthday Request Form

Phillips Recreation Center
505 West Stoughton
Urbana, Illinois 61801
217-367-1544

Party _____
Leaders _____

Information regarding the process of approving parties:

Once the party application is received the coordinator will check building availability and will contact party leaders to see if they are able to staff the party. This generally takes 2-3 days. The coordinator will then contact you with either an approval or denial of the party.

Payment will be due within two weeks of approval.

***Requests need to be turned in at least three weeks prior to the request date.**

Adult Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ E-mail: _____

Name of Child: _____ Age Turning: _____

Requested Date: _____ Requested Time: 1-3pm 2-4pm

Child's favorite color(s): _____

Special arrangements and/or requests: _____

Select Party Theme:

- Pirate Party Ages 6-8
- Glamour Kids Ages 4-8
- Custom Party Ages 4-15 (Additional \$50 Fee)
- Ooze, Gooze, & Fun Ages 6-10
- A Birthday to "Dye" For Ages 8-15

Select Package:

<u>Essentials</u> Includes Activities, Party Leaders, Decorations	<input type="checkbox"/> Up to 8 children (\$125) <input type="checkbox"/> 9-16 children (\$185)
<u>Complete</u> Includes Basic Plus Cake, Ice Cream, Drinks, Tableware, and Goody Bags	<input type="checkbox"/> Up to 8 children (\$185) <input type="checkbox"/> 9-16 children (\$250)
Cupcakes or Cake?	<input type="checkbox"/> Cupcakes <input type="checkbox"/> Cake
Flavor:	<input type="checkbox"/> White <input type="checkbox"/> Chocolate <input type="checkbox"/> Marble
What would you like written on the cake?	_____

Available Extras

- \$25 Balloon Bouquet
- \$18 Piñata w/candy
- \$10.50 Large Cake (serves 24+)
- \$15 Themed Cake

Regarding Payments

There will be a \$25 Service Charge on all returned payments.

Waiver and Release of All Claims

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s), and I agree to assume the full risk of any injuries, damages or loss regardless of severity that I or my minor child/ward may sustain as a result of participating in any and all activities connected or associated with such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the District and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s). In the event of an emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or any minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

I have read the Rules and Regulations and the Waiver and Release of all claims and will abide by them.

Signature

Date

OFFICE USE ONLY

		Quantity	Total Fee
Complete Birthday Party Fee (up to 8 participants)	\$185.00	N/A	
Complete Birthday Party Fee (9-16 participants)	\$250.00	N/A	
Basic Birthday Party Fee (up to 8 participants)	\$125.00	N/A	
Basic Birthday Party Fee (9-16 participants)	\$185.00	N/A	
Piñata (filled with candy)	\$18.00	N/A	
Themed Cake	\$15.00	N/A	
Larger Cake	\$10.50	N/A	
Balloon Bouquet	\$25.00		
Customization Fee	\$50.00	N/A	
		Total Cost	

Date Received _____

Time Received _____

Initials _____

TOTAL DUE _____

PAID _____

AMOUNT DUE _____

DUE ON _____

Check # _____

Cash

Credit Card

Office Manager Approved Date

Coordinator Approved Date

Active Entry – Office Mngr Date

Patron Contacted – Coord. Date