



## Birthday Request Form

Phillips Recreation Center

505 West Stoughton  
 Urbana, Illinois 61801  
 217-367-1544

Party Leaders	_____
	_____

Payment Received by	_____
Date	_____

### 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:

- Gamer Party *Ages 6+*
- Sparkle Party *Ages 4+*
- Things That "Go!" *Ages 4+*

- Ooze, Gooze, & Fun *Ages 7+*
- A Birthday to "Dye" For *Ages 8+*
- Custom Party *Ages 4+* (Additional \$50 Fee)

Select Package:

<b>Bronze</b> Includes Activities, Party Leaders, Decorations	Up to 8 children (\$125) 9-16 children (\$185)
<b>Silver</b> Includes Silver Plus Cake or Cupcakes, Ice Cream, Drinks, and Tableware	Up to 8 children (\$185) 9-16 children (\$250)
<b>Gold</b> Includes Silver Plus Goody Bags and a Large Cake (serves 24+)	Up to 8 children (\$220) 9-16 children (\$285)

Silver & Gold Packages					
Cake	Cupcakes	Flavor:	White	Chocolate	Marble
Writing on Cake:					

**I have read and agree to the terms contained in the *Waiver and Release of All Claims* on the reverse side.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**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.

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**OFFICE USE ONLY**

		Total Fee
Bronze (up to 8 participants)	\$125.00	
Bronze (9-16 participants)	\$185.00	
Silver (up to 8 participants)	\$185.00	
Silver (9-16 participants)	\$250.00	
Gold (up to 8 participants)	\$220.00	
Gold (9-16 participants)	\$285.00	
Customization Fee	\$50.00	

Total \$ \_\_\_\_\_  
Due On \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**Submit to Office Manager first**

Office Manager Approved / Held in AN \_\_\_\_\_ Date \_\_\_\_\_

**Submit to Coordinator**

Coordinator Approved / Patron and Office Manager Contacted \_\_\_\_\_ Date \_\_\_\_\_