



Children's Birthday Party Request Form

City Centre Community Centre
 5900 Minoru Boulevard
 Richmond BC V6X 0L9

Email: CityCentre@richmond.ca
 Phone: (604) 204-8588
 Fax: (604) 204-8589

APPLICANT INFORMATION:

Contact Name:	Date of Application:
Email:	Phone Number:
Address:	Postal Code:

Each party is held on Saturday and Sunday and is two hours in duration and includes an additional 30 minutes before and after the party time to set-up and clean up. Hosts are welcome to bring their own themed decorations. Birthday parties are held in the Multi-Purpose Room 1.

Both packages include face painting provided by a birthday party leader, generic birthday party decorations and signs (no colour requests), room set up, colouring station, play area, sports area, access to kitchen, a memoire surprise, and a photobooth background with props.

Tablecloths are not included. Hosts are to bring their own tablecloths.

Please note that pay parking is in effect at City Centre Community Centre's underground parkade.

BOOKING INFORMATION: (Please check)

<input type="checkbox"/> Package A: Up to 15 children & 30 adults. \$210.00 + tax + \$200.00 damage deposit*
<input type="checkbox"/> Package B: Up to 25 children & 50 adults. \$250.00 + tax + \$200.00 damage deposit*

<p>FIRST CHOICE: Date: _____ (mm/dd/yyyy) Time: <input type="checkbox"/> 10-12pm (Sun only) <input type="checkbox"/> 1-3pm <input type="checkbox"/> 4-6pm One Hour Add-On \$60: Yes/No (Please circle) Audio/Video Use \$50: Yes/No (Please circle)</p>	<p>SECOND CHOICE: Date: _____ (mm/dd/yyyy) Time: <input type="checkbox"/> 10-12pm(Sun only) <input type="checkbox"/> 1-3pm <input type="checkbox"/> 4-6pm One Hour Add-On \$60: Yes/No (Please circle) Audio/Video Use \$50: Yes/No (Please circle)</p>
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*If party runs over time or damages occur, the damage deposit will not be refunded after the party.

ADDITIONAL INFORMATION:

Name of Child:	Age Child is Turning:
Will you be using the kitchen? Yes / No (Please circle)	Health/Allergy Concerns:

PAYMENT:

Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
Name of Cardholder:	Card Number:
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Expiry Date: _____ (mm/yy)
All request forms are processed in the order they are received and payment is due at the time of booking.	
Signature: _____	

Additional Questions/Inquiries:

STAFF USE ONLY: Staff Initial: _____ Date Received: _____
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