



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 two hours in duration and is held on Saturday or Sunday in Multi-Purpose Room 1. Each package includes 30 minutes before and after the party to set-up and clean-up. One hour party time add-on is available. Hosts are welcome to bring their own themed decorations.

Both packages include face painting provided by a birthday party leader, generic birthday party decorations (streamers & 8-10 balloons-no colour requests), room set up, colouring station, play area with mats, sports area, ride-on toys, access to kitchen (fridge, freezer, oven- please bring your own utensils), a memoire (small poster with metallic markers) for guests to sign, and a photobooth background with props. Just bring your own phone/camera.

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*

FIRST CHOICE: Date: _____ (mm/dd/yyyy) Time: <input type="checkbox"/> 1-3pm <input type="checkbox"/> 4-6pm One Hour Add-On \$60: Yes/No (Please circle)	SECOND CHOICE: Date: _____ (mm/dd/yyyy) Time: <input type="checkbox"/> 1-3pm <input type="checkbox"/> 4-6pm One Hour Add-On \$60: Yes/No (Please circle)
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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:	Health/Allergy Concerns:
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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 received and confirmed only when payment is received.

Signature: _____

Additional Questions/Inquiries:

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