



# 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 for an additional \$60. 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 fridge and freezer (please bring your own utensils), 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*

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

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<b>STAFF USE ONLY:</b> Staff Initial: _____ Date Received: _____
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