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 $67.50. 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 and 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 photo booth background with props. Just bring your own phone/camera.

Tablecloths are not included. Hosts are to bring their own tablecloths. **Note:** Pay parking is in effect at City Centre Community Centre's underground parkade.

Booking Information: (Please check)

❑ Package A: Up to 15 children and 30 adults. $210.00 + tax + $200.00 damage deposit*

❑ Package B: Up to 25 children and 50 adults. $255.65 + tax + $200.00 damage deposit*

FIRST CHOICE:	**SECOND CHOICE:**
Date:_____ (mm/dd/yyyy)	Date:_____ (mm/dd/yyyy)
Time: ❑ 1:00–3:00pm ❑ 4:00–6:00pm	Time: ❑ 1:00–3:00pm ❑ 4:00–6:00pm
One Hour Add-On $67.50: ❑ Yes ❑ No	One Hour Add-On $67.50: ❑ Yes ❑ No

*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:**

Payment:

Method of Payment: ❑ Cash ❑ Cheque ❑ Credit Card	
Name of Cardholder:	Card Number:
Type of Card: ❑ Visa ❑ MasterCard ❑ 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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STAFF USE ONLY: Staff Initials:_____ Date Received:_____