

CELEBRATE WITH US

BIRTHDAY PARTIES

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BIRTHDAY PARTIES

Today's Date _____ Date of Party _____

Child's Name _____ Age _____ Male Or Female _____

Person Making Reservation _____ Phone# _____

Time Of Party: Friday 5:30-7:30 p.m. _____

Saturday 12:00-2:00 p.m. _____

Decorations: Yes ___ No ___ If yes, color, theme, etc. _____

Type of Pizza 2 (Large)

Type of Soda (2) or Bottled Water (1 case)

Cheese _____

Pepperoni _____

Sausage _____

Cola _____

Diet _____

Root Beer _____

Lemon/Lime _____

Bottled Water _____

Price of Party \$ _____ Total # of Kids _____

Payment is due in full when making reservation.

Staff Signature: _____

I, (the adult hosting a birthday party at the YMCA), take responsibility for all participants involved. In the unlikely event of accidental injury and or sickness, while participating in this birthday party, medical treatment may need to be obtained. The YMCA will not be held liable for any medical expenses that may be incurred. Parents of any children will be notified as soon as possible, however, the acting physician, (if taken to a hospital), may make all decisions regarding care for a child. Each parent is responsible for any expenses with their child in the event of such an emergency.

By Checking this box, I understand that my personal items and the personal items of my guests are each individual person's responsibility. I understand that that the YMCA encourages me to bring a lock to secure my personal items in the locker rooms.

Sign: _____

Date: _____

