

Birthday Party Information Form

SUNY Brockport
Recreational Services

Youth & Family Programs

Option 1 = 75 minutes in pool, ice arena or gym plus 45 minutes in party room	\$11 per person
Option 2 = 60 minutes in pool or ice arena, 60 minutes in gym plus 60 minutes in party room	\$13 per person
Option 3 = 60 minutes in pool, 60 minutes in ice arena plus 60 minutes in party room	\$15 per person
Bounce house	\$40 per 30 minutes

▪ **General Information**

Parent's Name: _____ Child's Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone Number: _____ Other Phone Number: _____

*E-Mail Address: _____ Child's Date of Birth: _____

*To receive party confirmation, a valid e-mail address must be provided. Your e-mail address will not be provided to a third party.

▪ **Requested Party Information**

Date: _____ Time: _____ Location(s): _____

Additional Information: _____

▪ **Confirmed Party Information**

Date: _____ BASC Waiver: _____

Time: _____ Location: _____

Time: _____ Location: _____

Time: _____ Location: _____

Cake to be purchased from: _____

Additional Information: _____

Employee(s) Scheduled: _____

Pizza Order: _____

Beverage Order: _____

Activities Requested:

Date	Payment Amount	Receipt Number

<input type="checkbox"/>	FYI Sent
<input type="checkbox"/>	Added to Web Calendar
<input type="checkbox"/>	E-Mail Confirmation Sent
<input type="checkbox"/>	Confirmation Call

Comments:
