



Birthday Party Packages

Day/Date of Party _____

Time of Party _____

Rooms being used _____

Last Name _____

Household Number _____

Address _____

City _____

Zip _____

Phone _____

Cell _____

Work _____

Email _____

(Circle type of party)

Old Fashioned Party

Ages 4+ \$150R/\$165NR Willow

Athletic Party

Ages 4+ \$165R/\$195NR Willow

Arts & Crafts Party

Ages 4+ \$200R/\$220NR Willow

Magic with Gary Kantor

Ages 4+ \$260R/\$290NR Willow/Triphahn

Balloon Animal Party

Ages 4+ \$260R/\$290NR Willow/Triphahn

Child's Name _____

Child's Age _____

Number of children invited _____

circle: boys girls both

Thank you for allowing the Hoffman Estates Park District to serve you. We hope you had a pleasant experience with us. As part of the park district's on-going commitment to providing residents and guests with top-quality service, we're hoping you will kindly fill out our party form. Any information obtained will be used strictly to ensure quality customer service.

\$50 Deposit:

Check# _____

Charge: _____ (last four digits of Credit Card**) Exp _____

Signature _____

You will forfeit your deposit if you fail to give at least 24 hours notice of cancellation.

Party \$ _____

Check# _____

Charge: _____ (last four digits of Credit Card**) Exp _____

Signature _____

****I authorize the Hoffman Estates Park District to charge the card indicated above and understand that 50% of the party will be paid when party is booked.**

HEParks Staff Only: Total fees: _____ Initial Amount Due at Time of Processing: _____ Balance Due: _____

Initial Amount Paid: _____ Date: _____ Balance Due Date(s) _____ Staff Initials: _____