



BIRTHDAY PARTY REQUEST FORM

Contact Person:

Address:

Phone (please provide the best number to reach you):

Email:

Member (\$300) _____ Non-Member (\$375) _____ Household Membership (\$75) _____

Group Size (maximum of 15 participants): _____ (\$10 for each additional participant up to 20)

Age of Participants: _____

For the purposes of supervision, there must be one adult present for every three children ages 1-5, and one adult present for every five children ages 5 – 12. Only one adult must be present for fifteen children ages 13 and up.

Number of Adult Chaperones: _____

Additional Information (Are there any other details about your group we should know?):

Type of party: _____ (i.e. "birthday party" or another celebration)

Select One: Paint / Clay

Tentative Day & Date of Party: _____

Preferred Times (can check multiple options): ___ 10:30 am – noon (Saturdays)

___ 12:30 – 2 pm (Saturdays and Sundays)

___ 3 – 4:30 pm (Fridays, Saturdays, Sundays)

Alternative Day, Date and Times: _____

Please email completed form to Elizabeth Bryson at ebryson@everson.org.

OFFICE USE ONLY:

Date request rcvd: _____ Walk through: _____

Entered onto Org. Calendar: _____ Supplies Ordered/Budget Updated: _____

Confirmation letter & paperwork emailed to requestor: _____

Teachers Confirmed:
