



Birthday Party Confirmation Form

Requested Date of Party _____ Requested Start Time _____ End Time _____

Birthday Party for and age _____ Girl / Boy

Party Host Name(s): _____

Mailing Address:

Phone Number:

Email address:

Estimated number of children attending _____ Estimated number of adults _____

- Member
- Non-member
- Weekday (Monday-Thursday)
- Weekend (Friday-Sunday)

Deposit: \$50.00

- Paid
- _____

Total outstanding due: \$ _____

OFFICE USE ONLY

Museum Host _____

Notes (food, decor, activities) _____

Museum Staff Booking Party: _____

Initial contact date: _____ Email confirmation date _____

The Party Host is responsible for ensuring that if children are dropped off, that they will be picked up during the scheduled party time and that the Museum is provided with parent/guardian contact information. The Host shall remain with party guests until all children have been picked up.

I HEREBY RELEASE, WAIVE, AND DISCHARGE any and all claims or demands against AND COVENANT NO TO SUE Wheel and Cog Children’s Museum of Hutchinson, its directors, officers, and employees (“RELEASEES”) or otherwise, that arises or results from use of facilities, services, or programs of the Museum.

Signature and Date: _____