



Birthday Party Registration

DATE:	M T W TH F SA SU	TIME: _____ am/pm _____ am/pm
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CONTACT:	
ADDRESS:	
EMAIL:	PHONE #:
How did you hear about us? <input type="checkbox"/> Activity Guide <input type="checkbox"/> Website <input type="checkbox"/> Email <input type="checkbox"/> Facebook <input type="checkbox"/> LTV <input type="checkbox"/> TV <input type="checkbox"/> Newsletter <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Other: _____	

Group Description: (Age, Expected #)	Children:	Adults:
Party Options and Prices (circle party option) (LR = Lynchburg Resident, NR = Non-Lynchburg Resident)		
<p>Animal Safari at Nature Zone: \$200 LR \$215 NR (All Ages) Note: Fee includes 15 participants. Additional participants will depend on age and program type (w/additional \$25 fee). \$10 Discount if customer brings their own cake.</p>		
<p>Outdoor Adventure at Ivy Creek Park (May – September): \$200 LR \$215 NR (Scavenger Hunt- age 5+) (Canoe, Orienteering - age 8+) (Campfire Party – age 8+) Note: Fee includes 16 participants. Additional participants will depend on age and program type (w/additional \$25 fee). \$10 Discount if customer brings their own cake.</p>		
<p>Indoor Archery at Armstrong Gym: \$275 LR \$290 NR (Ages 8+) Note: Fee includes 12 participants. \$10 Discount if customer brings their own cake.</p>		
<p>Paint Party at Miller Center: \$200 (Age 5+) Note: Fee includes 14 children for paint party. Additional children will depend on age and program type (w/additional \$35 fee).</p>		
<p>Pottery Party at Jackson Heights Art Studio: \$225 (Age 13+) Note: Fee includes 7 for pottery. Additional children will depend on age and program type (w/additional \$35 fee).</p>		

Birthday Child's Name:	Boy or Girl (circle)
Age on Birthday:	Date of Birth:
Birthday Cake Flavor (for choices please contact staff) :	

Comments: (Animals/activities? Parents bringing décor/food? Other?)

A staff member will be in contact with you shortly after submission.

FINANCIAL STATEMENT			
ATTENDANCE (actual)	Children:	Adults:	TOTAL:
PAYMENT	Date:	Cash / Credit / Check #:	Amount: Initials:
Programmer Assigned:			
INCOME		EXPENSE	
Program Fees	\$	Supplies Purchased	\$
		Supplies @ Hand	\$
		Other	\$
			\$
TOTAL	\$	TOTAL	\$
		Staff _____ # hours program	
		Staff _____ # hours prep	
		Staff _____ # hours	

How long did program run?

Average age of kids and adults?

Comments:

Programmer –

Participants –