



Birthday Party Request



TreeTop Escape Birthday Parties Include:

- Admission to TreeTop Escape and use of the Party Hut for up to 40 guests (adults & children) for the two-hour party
- 24 cupcakes

Outside food and beverages are allowed with optional drinks and additional cupcakes to order. Birthday parties must be booked at least two weeks in advance. Parties can be booked up to four months ahead of party date. TreeTop Escape Birthday Parties are available weekly on Saturday and Sunday.

Birthday Guest's Name _____ **Date of Birth** ____/____/____

Parent/Guardian Name _____ **Date of Birth** ____/____/____

Address _____ **City** _____

State _____ **Zip Code** _____

Phone (____) _____ - _____ ☐ CELL ☐ HOME

Email Address _____ **Requested Party Date** _____

Anticipated Number of Guests _____ *total capacity (adults & children) may not exceed 40 people*

Requested Time (choose one)

☐ 9:30am-11:30am ☐ 12:00pm-2:00pm ☐ 2:30pm-4:30pm ☐ 5:00pm-7:00pm

24 Cupcakes Are Included *(all 24 cupcakes are the same cake & frosting flavor)*

Cake (choose one): ☐ Yellow ☐ Chocolate

Frosting (choose one): ☐ Vanilla ☐ Chocolate

No cupcakes (optional - \$10.00 discount on party): ☐ No cupcakes please

Base Party Fee

\$225.00 (West Chicago Park District Resident) / \$270.00 (Non-Resident) \$ _____

Optional Fees-Additional Cupcakes & Drinks (orders due by 12p on the Monday prior to the party)

2-Liter Drinks <i>(cups provided)</i>	Cola	Qty: _____ x \$6.00	\$ _____
	Diet Cola	Qty: _____ x \$6.00	\$ _____
	Lemon Lime Soda	Qty: _____ x \$6.00	\$ _____
	Lemonade	Qty: _____ x \$6.00	\$ _____

Bottled Water	12 - 8oz Bottles	Qty: _____ x \$5.00	\$ _____
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Additional Cupcakes (24 count)	Qty: _____ x \$26.00	\$ _____
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Cake (choose one): ☐ Yellow ☐ Chocolate

Frosting (choose one): ☐ Vanilla ☐ Chocolate

TOTAL \$ _____



Birthday Party Request



I Understand: (Please initial)

- _____ Payment is due in full at the time of booking. Instructions to pay will be sent in a confirmation email. Payment is due within 24 hours of the confirmation email.
- _____ A member of our team will contact you via email to finalize number of guests, cupcake order, and food/drink order approximately seven to ten days prior to event date. Final headcount, cupcake order, and drink order must be sent to Taylor (thutton@we-goparks.org) by 12p on the Monday prior to the party date.
- _____ Cancellations and/or rescheduling requests received at least seven days in advance will be granted minus a \$20 service fee. Requests received less than seven days in advance will not be granted, and fees are non-refundable.
- _____ Access to the Party Hut is available 15 minutes prior to party start time. The Party Hut and TreeTop Escape must be completely vacated at the party end time.
- _____ Socks are required to play inside TreeTop Escape. Grippy socks are recommended.
- _____ Playtime in TreeTop Escape is not private, and others may be playing in TreeTop Escape at the same time.
- _____ Balloons and vendors are not allowed in TreeTop Escape.
- _____ The party may not exceed 40 guests (adults & children).

Waiver:

Please be aware that in signing up for and participating in programs/activities, you will be expressly assuming the risk and waiving and releasing all claims for injuries you or your children might sustain arising out of these programs. I understand the cancellation and rescheduling policies listed on the Birthday Party form.

As a participant in these West Chicago Park District programs, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the programs against the West Chicago Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the West Chicago Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damages and losses which I may have, or which may occur to me on account of participation in these programs.

I further agree to indemnify and hold harmless and defend the West Chicago Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of these programs. In the event of an emergency, I authorize the West Chicago Park District officials to secure from any licensed hospital, physician and/or medical personnel, any treatment deemed necessary for any immediate care and agree that I will be responsible for payment of any and all medical services rendered. The West Chicago Park District does not carry medical or accident insurance for program participants. Please review your own health insurance to be certain that you and your family have adequate coverage.

Printed Name _____

Signature _____

Date _____

Please Submit Birthday Request by:

Email: thutton@we-goparks.org

In-Person or Mail: West Chicago Park District
201 W. National Street
West Chicago, IL 60185

Internal Use Only

Request Received ____/____/____ Time: _____