



TreeTop Escape Birthday Party Request

Event Information (please print - all fields are required)

Birthday Child's Name: _____ Date of Birth: _____

Preferred Date: _____ Preferred Time (See Available Times Below): _____

Alternate Date: _____ Alternate Time: _____

Contact Information

Parent/Guardian Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Birthday Parties at TreeTop Escape (Recommended Ages: 4 – 12) \$290R/\$348NR*

Birthday party packages are two hours in length. Parties include One-Hour private room rental (1st hour) and One-Hour of Play Time (2nd hour) for attending party guests on the day of the event, Shared Rental Attendant, 24 Cupcakes, Paper Plates (white), Tablecloths (mixture of primary colors), Silverware/Napkin Packet, Cups (white), A mixture of Youth and Adult Sized Tables and Chairs, and Clean-up. Outside food and beverage is allowed.

Party package includes 24 guests (adults and children). Additional Guests (adults and children) are \$9.00R/\$11.00NR each. Overall guest count cannot exceed maximum count of 48.

Available Times/Space Information (begin times are listed below – all parties are 2 hours in length)

Event Room 107: This room is adjacent to TreeTop Escape through a small hallway connecting the 2 spaces. Includes 24 adult chairs with tables, 24 youth chairs with tables, two 6' tables and two 8' tables for food, gifts, etc. and is equipped with a sink.

Monday - Thursday*	Friday - Sunday
Event Room 107 9am, 11am, 1pm, 3pm, 5pm, 7pm	Event Room 107 9am, 11am, 1pm, 3pm, 5pm

***Have your party during off peak days/times and receive a \$50 discount on your package fee!**

Please Complete Your Party Package Details

	Resident	Non-Resident	Total
<input type="checkbox"/> Friday - Sunday	\$290	\$348	\$
<input type="checkbox"/> Monday - Thursday	\$240	\$298	
<input type="checkbox"/> Additional Guests (adults and children / overall guest count cannot exceed 48)	_____ X \$9R/11NR		\$
Package Total			\$

Cupcake Options	Quantity	Price	Total
<input type="checkbox"/> Cupcakes (included) 24 Vanilla or Chocolate Cupcakes	Cupcake w/ Icing (choose one) Choc. w/ Choc. _____ Choc. w/ Van. _____ Van. w/ Van. _____ Van. w/ Choc. _____	\$0 24 included in pkg. price	\$0.00
<input type="checkbox"/> Additional Cupcakes 24 Vanilla or Chocolate Cupcakes	Cupcake w/ Icing (choose one) Choc. w/ Choc. _____ Choc. w/ Van. _____ Van. w/ Van. _____ Van. w/ Choc. _____	\$20	\$
Cupcake Total			\$
Package Total			\$
TOTAL			\$

Please initial and sign:

_____ Payment in full is due at the time of booking. A member of our team will contact you to finalize number of guests and cupcake order 5-7 days prior to party date. Any additional fees must be paid in full 7 days prior to your party date.

_____ Cancellation and Rescheduling Requests 7 days in advance will be granted minus a 10% service charge on package price. For requests received less than 7 days in advance, rescheduling will not be granted, and fees are non-refundable.

_____ I will be granted access to my private room area 15 minutes prior to party time (e.g., if your party is at 1pm you may arrive at 12:45pm).

_____ I will completely vacate the private room area within 15 minutes after the one-hour period (e.g., a 1pm party will have access to the private party area until 2:15pm).

_____ Socks are required to play. Grippy socks are recommended.

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.

Signature: _____

Date: _____

**Please return completed form to:
 The ARC Center Front Desk or mmedeiros@we-goparks.org**