

## **BIRTHDAY PARTY REQUEST Community Services Department**

| CLIENT NAME   |  |   |
|---|--|---|
| EMAIL ADDRESS   |  |   |
| PHONE NUMBER(S)   |  |   |
| ADDRESS/PO BOX  |  |   |
| TOWN/CITY   |  |   |
| POSTAL CODE   |  |   |
| DATE  |  | ·   |
| TIME  |  |   |
| to September. Use of the fundra<br>the skating package the room us<br>pm to 5pm). | aising lounge room for three has is scheduled either before          | m 1 pm to 2 pm. Mini-putt is offered from June nours is provided for the birthday package. For the public skate or after (10 am to 1 pm, or 2 |
| Please indicate the amount of p   | articipants for your party pac                                       | kage:   |
| 10 participants   |  | 20 participants   |
|   | • •  | arge pizzas for 10 participants or four (4) large f each dependent on package type.   |
| Cheese Pizza  |  | Pepperoni Pizza   |
| Drink options are water or applemany of each dependent on you                     | •  | r each participant. Please indicate below how provided.   |
| Water   |  | Apple Juice   |
| Please indicate what time you w   | ould like pizza delivered:   |   |
|   | ranilla or chocolate. A short material at you would like the message | for 20 participants two (2) cakes will be sessage can be added to the cake(s), please use to read.  Chocolate                                 |
| Applicant Signature   | Print Name   | Date  |