

# Birthday Parties at the Geneva Rec Complex!



## PARTY PACKAGES (2 options) INCLUDE:

1. 2 hrs. during Public Skating (\$150) OR
  2. 1-3 hrs. Private Rental (\$150 per hour)
- Decorated tables, chairs & balloons
  - Access to play your favorite music (private only)
  - Admission & Skate Rentals for up to 15 children
  - Private area for celebrating

## PIZZA & DRINKS PACKAGE (Add \$45)

- Includes all Party Package items, PLUS
- Sheet of pizza (approx. 28 squares)
- 2 cups of soda/slushies for each child (no substitutions) and paper products

## REGISTERING FOR YOUR PARTY:

- Must make reservations & deposit at least 5 days prior to party date
- A non-refundable deposit of \$50 is required
- Balance due upon arrival (cash or checks only)
- The GRD reserves the right to cancel any party
- Registration forms can be found at [genevarec.com](http://genevarec.com)

Please call the office for availability,  
315-789-5005 as dates book up fast!

### "Keeping it Simple" option: PUBLIC SKATING ROOM RENTAL

\$1.00 off admission for groups over 12, but no more than 20. Does not include skate rentals.

\$35 for room rental per hour, includes tables & chairs - admission & rentals separate.

## REGISTRATION FORM

Date Requested: \_\_\_\_\_

Time Requested: \_\_\_\_\_

### (Check your package selection)

Public Skating Room Rental (\$35 per hour) \_\_\_\_\_

Party Package 2hrs Public Skating (\$150) \_\_\_\_\_

Party Package Private (\$150 per hour) \_\_\_\_\_

Add "Pizza & Drinks Package" (\$45) \_\_\_\_\_

### \*If you selected "Pizza & Drinks" - Complete info below:

Sheet Pizza: (circle one) Cheese Pepperoni 1/2 & 1/2 \*2 Drink tokens included pp (soda, slushie, hot coco only)

Guardians Name Responsible: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Child's Age for Birthday: \_\_\_\_\_ Decoration Color (choose 1 or 2 colors): \_\_\_\_\_

### Please Read and Sign the Following:

I, \_\_\_\_\_ hereby release the city of Geneva and it's supervisors from full responsibility in case of accident, damage, loss or liability which may arise because of my own or my child's participation in this program. I understand that should this activity result in injury, it is my obligation to use my own resources in treatment of this injury.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY: Date Deposited \_\_\_\_\_ Received by: \_\_\_\_\_ Amt. Paid \_\_\_\_\_ Payment Type: \_\_\_\_\_