

Birthday Parties at the Geneva Rec Complex!



PARTY PACKAGES (2 options) INCLUDE:
A. 2 hrs. during Public Skating (\$150) OR
B. 1-3 hrs. Private Rental (\$130 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 \$35)

- 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.

Please call the office for availability, 315.789.5005 as dates book up fast!

“Keeping it Simple” Option: PUBLIC SKATING PARTY RENTAL

\$1.00 off admission for groups over 12, but no more than 20. Does not include skate rentals.
 \$25 for room rental per hour, includes table & chairs– admission & rentals separate.

REGISTRATION FORM

Date Requested: _____

Time Requested: _____

(Check you package selection)

Public Skating Room Rental (\$25 per hour) _____ Party Package 2hrs Public Skating(\$150.00) _____
 Party Package Private(\$130.00 per hour) _____ Add “Pizza & Drinks Package” (\$35)* _____

***If you selected “Pizza and Drinks” – Complete info below:**

Sheet Pizza: (circle one) cheese, pepperoni or ½ & ½ *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: _____