

# Birthday Parties at the Geneva Rec Complex!



## PARTY PACKAGES (2 options) INCLUDE:

1. 2 hrs. during Public Skating (\$175) OR
  2. 1-3 hrs. Private Rental (\$175 per hour)
- Decorated tables, chairs & balloons (red, orange, yellow, green, lime green, blue, pink, light pink, purple, white, black)
  - Access to play your favorite music (private only)
  - Admission & Skate Rentals for up to 15 children
  - Private area for celebrating

## PIZZA & DRINKS PACKAGE (Add \$50)

- 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 also be found at [genevarec.com](http://genevarec.com)

**Dates are limited. Please call the office for availability, 315-789-5005 as dates book up fast!**

# REGISTRATION FORM

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

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

## (Check your package selection)

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

Party \_\_\_\_\_

Package 2hrs Public Skating (\$150)

Add "Pizza & Drinks Package" (\$50)

### \*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: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Cell \_\_\_\_\_

Phone: \_\_\_\_\_

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: \_\_\_\_\_