



# Children's Birthday Party Request Form

## City Centre Community Centre

5900 Minoru Boulevard  
Richmond BC V6X 0L9

Email: [CityCentre@richmond.ca](mailto:CityCentre@richmond.ca)

Phone: 604-204-8588

Fax: 604-204-8589

### APPLICANT INFORMATION:

Contact Name:	Date of Application:
Email:	Phone Number:
Address:	Postal Code:

Each party is two hours in duration and is held on Saturday or Sunday in Multi-Purpose Room 1. Each package includes 30 minutes before and after the party to set-up and clean-up. One hour party time add-on is available for an additional \$60.00. Hosts are welcome to bring their own themed decorations.

Both packages include face painting provided by a birthday party leader, generic birthday party decorations (streamers & 8–10 balloons—no colour requests), room set up, colouring station, play area with mats, sports area, ride-on toys, access to fridge and freezer (please bring your own utensils), and a photobooth background with props. Just bring your own phone/camera.

Tablecloths are not included. Hosts are to bring their own tablecloths. **Note:** Pay parking is in effect at City Centre Community Centre's underground parkade.

### Booking Information: (Please check)

Package A: Up to 15 children & 30 adults. \$210.00 + tax + \$200.00 damage deposit\*

Package B: Up to 25 children & 50 adults. \$250.00 + tax + \$200.00 damage deposit\*

<b>FIRST CHOICE:</b>	<b>SECOND CHOICE:</b>
Date: _____ (mm/dd/yyyy)	Date: _____ (mm/dd/yyyy)
Time: <input type="checkbox"/> 1:00–3:00pm <input type="checkbox"/> 4:00–6:00pm	Time: <input type="checkbox"/> 1:00–3:00pm <input type="checkbox"/> 4:00–6:00pm
One Hour Add-On \$60.00: <input type="checkbox"/> Yes <input type="checkbox"/> No	One Hour Add-On \$60.00: <input type="checkbox"/> Yes <input type="checkbox"/> No

\*If party runs over time or damages occur, the damage deposit will not be refunded after the party.

### Additional Information:

Name of Child:	Health/Allergy Concerns:
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### Payment:

Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
Name of Cardholder:	Card Number:
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Expiry Date (mm/yy):
All request forms are processed in the order received and confirmed only when payment is received.	
Signature: _____	

### Additional Questions/Inquiries:

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<b>STAFF USE ONLY:</b> Staff Initials: _____ Date Received: _____
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