



234 E. Parkway Boulevard, Coppell TX. 75019  
 Main: 972-304-7077 Fax: 972-745-7641

# Summer Birthday Request Form

Date & Time Submitted: \_\_\_\_\_

First Name		Last Name		M/F	Birthdate
Street		Apt #	City	State	Zipcode
Home Phone		Cell Phone	Text?	Carrier	Email Address
Emergency Contact					
First Name		Last Name		Phone Number & Relation	

## 2. RENTAL INFORMATION

Event Name: \_\_\_\_\_

Description: \_\_\_\_\_

Date(s) and Time(s):

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

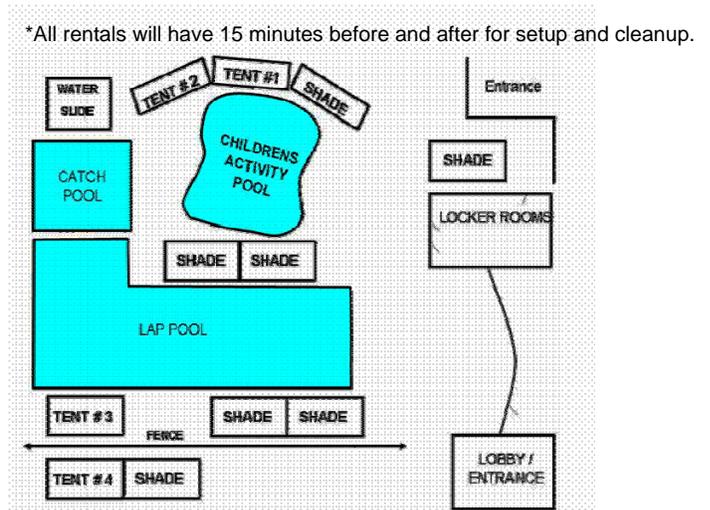
- 10:30am – 12:30pm; Saturday
- 1:15 – 3:15pm; Sunday
- 1:00 – 3:00pm; Saturday
- 3:45 – 5:45pm; Sunday
- 3:30 – 5:30pm; Saturday

Expected Attendance: \_\_\_\_\_

Area(s) Requested: *(Please check all that apply)*

**Outdoor Pool Party Tent:**

- Party Tent 1
- Party Tent 2
- Party Tent 3
- Party Tent 4



Alternate Request Choice: *(In case your initial request is not available, please indicate another request option)*

Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time: \_\_\_\_:\_\_\_\_ am/pm  
 End Time: \_\_\_\_:\_\_\_\_ am/pm

### Birthday and Party Package – 2 Hour Rental for 25 people:

**Birthday Splash & Bash**  
 2 Hour Rental Including:

- Use of tent area and pools
- Use of Ice Machine & Party Carts

**Birthday Blitz**

\*In addition to the Splash & Bash:

- Pizza & Lemonade
- Paper Products
- Birthday child goodie bag

Birthday Person's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

**4. SPECIAL ARRANGEMENTS**

Will a caterer be used?     No     Yes - Catering Company Name \_\_\_\_\_

Catering Company License #: \_\_\_\_\_

Will an outside vendor be used?     No     Yes - Company Name \_\_\_\_\_

Company Insurance #: \_\_\_\_\_

For Birthday Blitz Upgrade: (Note: 3 large pizzas and lemonade for 25 guests)

Types of pizza: (check types)     Cheese     Pepperoni     Sausage

Please list any other special arrangements necessary for your rental request: \_\_\_\_\_

**5. STATEMENT OF UNDERSTANDING**

**I understand that this form is a request for rental, the rental deposit and the completion of this form does not guarantee my rental of the requested facility (based on availability).**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**OFFICE USE ONLY – DEPOSIT & APPROVAL INFORMATION**

Form of Payment     Cash     Check # \_\_\_\_\_     Visa/MC

Rental Supervisor     Reviewed & Approved     Not Approved    Initials: \_\_\_\_\_    Date: \_\_\_\_\_

Other Staff     Reviewed & Approved     Not Approved    Initials: \_\_\_\_\_    Date: \_\_\_\_\_

Center Manager     Reviewed & Approved     Not Approved    Initials: \_\_\_\_\_    Date: \_\_\_\_\_

Rental Status:     Tentative (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)     Firm (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Cancelled (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)     Complete (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_