



BIRTHDAY PARTY RENTAL

Parent

Parent/s Names (First and Last)	
Address	Phone (home)
Postal Code	(work/cell)
Email	
Are you a Richmond Family Place member? <input type="checkbox"/> No <input type="checkbox"/> Yes Membership #:	

Birthday Details

Name of birthday child:	Age of birthday child:
Party Date:	Party Time:
<input type="checkbox"/> Bouncy Castle	<input type="checkbox"/> Playroom

Additional Information

Please provide some information about the number and ages of children attending:

Waiver

I have read and understand the Richmond Family Place Rental Terms and Conditions, including the Bouncy Castle use regulations, and agree that Richmond Family Place shall not be responsible for any injury, loss or damage that may occur to the renter and their parties. I agree to indemnify and hold harmless Richmond Family Place for any loss or damage that may arise out of premise in this contract.

Signed _____ Date _____

FOR OFFICE USE ONLY	Deposit Received? <input type="checkbox"/>	Facilitator:
	Final \$ Received? <input type="checkbox"/>	Staff Hours: