Birthday Request Form

Applicant Information

Parent Name: ____________________________________________________________

Member Status:  ☐ Yes  ☐ No  If yes, please provide member number: __________________________

Phone: ___________________________  Email: __________________________________________

Child Name: ___________________________  Child Age: __________________________

Basic Event Information

Event Date: ___________________________

Birthday Package: ☐ Solar (1 hour)  ☐ Supernova (2 hours)  ☐ Galactic (2 hours)  ☐ Big Bang (2 hours)

Event Time:  ☐ 11am-12pm  ☐ 11am-1pm  ☐ 1pm-2pm  ☐ 3pm-5pm  ☐ 4pm-5pm

Location:  ☐ Default Party Room (inside)  ☐ Theater (inside)  ☐ Amphitheater (outside)

Event Details

Theme:  ☐ Yes  ☐ No

If yes, select one:  ☐ Space Explorers  ☐ Under the Sea  ☐ Kablam! Chemistry  ☐ Diggin Dinos

Science Adventure (Included in Galactic and Big Bang: $150 additional charge):  ☐ Yes  ☐ No

If yes, select one:  ☐ Marine Touch Tank  ☐ Liquid Nitrogen Demo  ☐ Shark Tooth Lab  ☐ Planetarium

Cake Flavor (For Big Bang Only):  ☐ Chocolate  ☐ Vanilla  ☐ Chocolate/Vanilla Combo  ☐ No Cake

Will you be using any outside vendors?  ☐ Yes  ☐ No

If yes, please list vendors (type and name): __________________________________________

For Office Use Only

_________________________________________  _______________________
Approved by  Date