

Birthday Party Reservation Request



Please return to
Palo Alto Junior Museum & Zoo • 1451 Middlefield Road • Palo Alto, CA 94301
Or fax to 650-473-1965, e-mail to: ines.thiessen@cityofpaloalto.org

Please read our "Birthday Party Agreement" before submitting your request.

We will contact you by phone or e-mail to schedule your party. Sending an application does not guarantee a spot.

1. Family Information:

Parent's/Guardian's name _____ e-mail _____

Child's name _____ Age _____ Birthdate ____/____/____

Address _____ City _____ Zip _____

Phone # _____ Alternate # _____

2. Request a date and time for your party: Parties are available at 3 times:

Saturdays 11:00am • Saturdays 2:00pm • Sundays 1:30pm

1st choice (date and time) _____

2nd choice (date and time) _____ number of children attending _____

3rd choice (date and time) _____ party: _____

3. Choose a party:

- Zoo Animals** (2 hours): 15 to 25 children, kindergarten and up
- Super Kinetics** (2 hours): 15 to 25 children, kindergarten and up
- Ooey Goey Science** (2 hours): Maximum of 12 children no exceptions, ages 3 to 5

4. Payment Information:

\$360 for Palo Alto residents, \$415 for non-residents for 12 to 15 students

\$390 for Palo Alto residents, \$445 for non-residents for 16 to 20 students

\$415 for Palo Alto residents, \$470 for non-residents for 21 to 25 students

Full payment is required to reserve a party.

Cancellation Information

Cancellation requests must be made in writing. A refund will be granted, less a \$150 fee, if your request is received at least one month before the party date. No refunds will be made less than one month before the party.

5. Agreement:

I agree to the terms of the reservation request and the "Birthday Party Agreement". No outside entertainment allowed. Permission to participate in the above programs City of Palo Alto –Community Services Department, is given for myself and /or child as shown above. In consideration of participation in this program I hereby indemnify and hold harmless and release the City of Palo Alto, its agents, its employees, and volunteers working for the City from any and all liability for injury suffered by myself or my child arising from or connected with this program. I assume all risk for any injuries. I sign of my own free will.

Signature _____

Check payable to "**City of Palo Alto**" enclosed.

Please charge my credit card: **Visa/MasterCard** (circle one)

Card # _____ - _____ - _____ - _____ Expiration Month/Year _____ / _____

Name printed on the card _____

Signature _____