



# Lynch/van Otterloo YMCA Birthday Party Request Form

## Participant Information

YMCA of the North Shore Member: Yes No

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

(Street, City, ZIP) \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

1st Choice of Party Date/Time: \_\_\_\_\_

2nd Choice of Party Date/Time: \_\_\_\_\_

## Type of Party: Please circle type of party

Gymnastics

Sports

Pool

Slip and Slide Pool

Adventure Rock Climb

Gymnastics/Art Party

Arts & Crafts Party

Crazy Balloons and Art Party

Party Options:

(circle one)

Basic Party

Ultimate Party

Complete Party

Other Options:

Goody bags #: \_\_\_\_\_

Helium Balloons #: \_\_\_\_\_

Cake Information:

(circle one)

1/2 sheet

1/4 sheet

Cupcakes

Flavor:

Vanilla

Chocolate

1/2 & 1/2 (half sheet cake only)

Frosting:

(circle one)

Vanilla

Chocolate

Type: Traditional

Themed

Writing on Cake: \_\_\_\_\_

Guests Expected: \_\_\_\_\_

A NON-REFUNDABLE \$50.00 deposit is required to reserve your date.

All parties must be paid in full on party date.

I give permission to charge my credit card for the amount agreed upon for the cost of this party.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosed:

Check

Cash

Credit Card:

MC

Visa

Discover

Amex

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

All parties are booked first come, first serve basis. Your party date and time will be confirmed with a written confirmation form. Please leave request at the front desk or mail to:

Lynch/van Otterloo YMCA, 40 Leggs Hill Road, Marblehead MA 01945

Attention: Erin Lovenberg Birthday Party Coordinator

Email: [lovenberge@northshoreymca.org](mailto:lovenberge@northshoreymca.org) | Phone: 781-631-1819 x1406

## Office Use Only

Receipt # of deposit: \_\_\_\_\_

Confirmation sent: \_\_\_\_\_

Party Day and Date: \_\_\_\_\_

Party time: \_\_\_\_\_

Party type: \_\_\_\_\_