

# BIRTHDAY PARTY RESERVATIONS



## 1. Contact Information:

Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Alternate Phone Number: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_

2. Name of Birthday Child: \_\_\_\_\_

3. Number of Children: \_\_\_\_\_ Age of Children: \_\_\_\_\_

4. Number of Adults: \_\_\_\_\_

5. Preferred Visit Date (First Choice) MM/DD/YYYY: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

6. Preferred Visit Date (Second Choice) MM/DD/YYYY: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## 7. Birthday Package Requested:

- Solar \$200 non-members/\$160 members  
 [ ] 10:30 a.m.--11:30 a.m. [ ] 12:30 p.m.--1:30 p.m. [ ] 2:30 p.m.--3:30 p.m.
- Comet \$250 non-members/\$210 members  
 [ ] 10:30 a.m.--11:30 a.m. [ ] 12:30 p.m.--1:30 p.m. [ ] 2:30 p.m.--3:30 p.m.
- Nova \$400 non-members/\$320 members  
 [ ] 10:30 a.m.-1:00 p.m. [ ] 2:00 p.m.-4:30 p.m.
- Galaxy \$475 non-members/\$400 members  
 [ ] 10:30 a.m.-1:00 p.m. [ ] 2:00 p.m.-4:30 p.m.

### Staff Only

Robot Lab: \_\_\_\_\_  
 Activity: \_\_\_\_\_  
 Movie: \_\_\_\_\_

## 8. Birthday Package Requested:

- Cash
- Check (Please make checks payable to: "Columbia Memorial Space Center")
- Credit Card (Circle One): Discover Master Card Visa

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

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

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

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



\*You will receive a refund less 30% for processing if a cancellation is made 14 days prior to reservation date. If a cancellation is made within the 14 day period it is nonrefundable.



## FOR OFFICE USE ONLY

Received	Entered	E-mailed	Confirmed	Permit #
Date: _____ By: _____	Date: _____ By: _____	Date: _____ By: _____	Date: _____ By: _____	_____