



**MARPOLE OAKRIDGE
FAMILY PLACE**

BIRTHDAY PARTY AT MARPOLE OAKRIDGE FAMILY PLACE

The Marpole Oakridge Family Place facility may be utilized by members only. Please fill in a membership form (attached) if applicable.

Parent

Parent/s Names (First and Last) _____

Address _____ Postal Code _____

Telephone No. (home) _____ (work) _____

Cell _____ Email _____

Birthday Details

Name of birthday child: _____ Age of birthday child: _____

Party Date: _____ Party Time: _____

Waiver

I have read and understand the Marpole Oakridge Family Place Terms and Conditions, and agree that Marpole Oakridge Family Place shall not be responsible for any injury, loss or damage that may occur to the host/hostess and their parties. I agree to indemnify and hold harmless Marpole Oakridge Family Place for any loss or damage that may arise out of premise in this contract.

Signed _____ Date _____

FOR OFFICE USE ONLY	Fee Received: \$	Staff Name:
	Membership paid (if applicable) : \$	Staff on Day:
	Deposit Received? <input type="checkbox"/>	Staff Hours:
	Deposit Returned <input type="checkbox"/> Destroyed <input type="checkbox"/>	