

# Science and Discovery Center of Northwest Florida Birthday Party Policy and Registration

**Please Print:**

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

Party Date: \_\_\_\_\_ Birthday Party Theme: \_\_\_\_\_

Time (circle one): \*\* Saturday 11:00 a.m. – 1:00 p.m.

Inside Party Room: \_\_\_\_\_ \*\* Saturday 2:00 p.m. – 4:00 p.m.

Outside Party (Pavilion/Picnic Tables): \_\_\_\_\_ Sunday 1:30 p.m. – 4:00 p.m. (Private Party Only)

Birthday Childs Name: \_\_\_\_\_ Sex: M / F Age on Birthday: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Science and Discovery Center Member: Yes / No Level: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Approximate # of guests: Children (including birthday child) \_\_\_\_\_ Adults \_\_\_\_\_

## Science and Discovery Center Birthday Party Policy:

*Please read the following birthday policies and sign.*

**Deposits and Payments:** A \$50 (Regular party), \$100 (Private party) deposit is required to secure your reservation. The deposit will be applied to your final balance. The balance is due at the time of the party. We accept cash, check or credit cards (Visa, MasterCard, American Express and Discover). There is a \$35.00 fee for any returned checks.

**Cancellations and Refunds:** Cancellations must be made two (2) weeks prior to reservation in order for refund to be issued. A refund of the full amount minus the deposit will be mailed via check unless paid by Credit Card. If you paid by Credit Card a 3% transaction fee will be deducted from your refund amount. If you need to reschedule due to illness or emergency, we will gladly offer an alternative party date for your convenience.

**Liability for Damages:** We want the children to have a good time. We require that adults supervise the children at all times as they visit the Museum, Nature Trail and other aspects of the Science and Discovery Center. **All food and drinks are to be kept in the birthday party room and are not allowed in the exhibit areas.**

I have read and understand the Birthday Party Policy. By signing below, I agree to abide to the above.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

### Payment Information:

\$ \_\_\_\_\_ Do-It-Yourself Party \$200.00  
\$ \_\_\_\_\_ Theme Party \$250.00  
\$ \_\_\_\_\_ Private Museum Party \$425 - Regardless of Membership Status  
\$ \_\_\_\_\_ 10% Member Discount (Theme Party Only)  
\$ \_\_\_\_\_ Add-Ons  
\$ \_\_\_\_\_ Party Totals.

Deposit Amount: _____
Add-On Amount: _____
Date Received: _____
Amount Received: _____
Method of Deposit: CA CK CC
Amount Due: _____
Balance Paid: _____
Date Bal. Paid: _____
Method of Bal. Paid: CA CK CC

Thank you for choosing the Science and Discovery Center of Northwest Florida for your birthday experience!