Party Theme

The Birthday boy or girl can select up to three of the following activities or sports: inflatable obstacle course / bouncy castle, Gaga, soccer, dodgeball, floor hockey, basketball, baseball, kickball, tennis, pickleball and swim.

Party Schedule

Parties can be 90 or 120 minutes. Depending on selected length, children spend 60-90 minutes playing all of their favorite sports, followed by a 30 minute meal and celebration in our designated party space.

All Parties Include

Experienced teachers and coaches and all sports equipment and activities; food and drink "basic package" supplied by Julia's Corner, including paper goods (see catering menu for custom options). Parents/guardians supply cake and candles.

SP RTIME

SPORTIME Amagansett, 320 and 385 Abrahams Path, Amagansett, NY 11930 TEL: 631-267-3460 www.SportimeNY.com/Amagansett and www.SportimeNY.com/Amagansett-Multi-Sport email: Amagansett@SportimeNY.com

Party Venues

The SPORTIME Amagansett Multi-Sport Arena is open year round and features a climate-controlled, regulation-sized indoor roller hockey rink that can also be configured as three basketball / volleyball courts and up to 9 pickleball courts. Motorized divider curtains to allow for small groups and ample viewing for players and guests. Julia's Corner café is on-site, providing delicious food and beverage options.

The SPORTIME Amagansett Tennis & Pickleball club is open seasonally from April to November, and features 33 outdoor Har-Tru tennis courts, a multi-sport court including 4 pickleball courts, two playgrounds, natural turf sports fields, two clubhouses, a Julia's Corner café and spacious deck area.

Party Fees

MULTI-SPORT PARTIES

- 1.5 hours \$645 / 12 children \$35 / add'l child
- 2 hours \$745 / 12 children \$35 / add'l child

TENNIS PARTIES

- 1.5 Hours \$745 /12 children \$35 / add'l child
- 2 hours \$895 / 12 children \$35 / add'l child INFLATABLE OBSTACLE COURSE / BOUNCY CASTLE add \$200

*Sales tax will be charged on total balance, Gratuities are not included.



SPORTIME Multi-Sport Parties Party Application

In order for this application to be processed, please complete all required information and return the required deposit. Please print clearly.

omplete the following application. Please cho	_	•	,								
I Inflatable Obstacle Course/Bouncy Castle Other	⊔ Basketball ⊔ Floor Hockey ⊔ —	Baseball L	Dodgeball	☐ Kickball	□ Soccer	☐ Tennis	☐ Pickleball	∐ Swim	n ∐ Gaga		
RESPONSIBLE PARTY INFORMATION	Please complete all fields and	print clearl	y.								
PARENT/GUARDIAN FIRST NAME LAST N			NAME						GENDER		
STREET ADDRESS				CITY			STATE ZIP				
PARENT/GUARDIAN: EMAIL ADDRESS (REQUIRED)	OBILE PHONE			HOME PHONE							
MOBILE PHONE	BUSINESS PHONE			HOW DO YOU							
MERGENCY CONTACT: FIRST NAME LAST NAME			RELATION TO BIRTHDAY CHILD						ONTACT PHON		
BIRTHDAY CHILD INFORMATION Please complete all fields and print clearly. BIRTHDAY CHILD FIRST NAME LAST NAME					PART DATE	Y DATE PI	ease fill in yo	ur preferre	ed party date	and time	
ALLERGIES/HEALTH RESTRICTIONS DOB GENDER ☐ FEMALE ☐ MALE ☐ NON-BINARY											
PARTY COSTS - Cost is for 1.5 Hour Par	ty		COST			QUANTIT	Υ		TOTAL		
Multi-Sport- 12 Guests			\$645.00								
Tennis - 12 Guests			\$745.00								
Inflatable Obstacle Course/Bouncy Castle			\$200.00								
Additional Party Guests - Per Person			\$35.00			OHANTIT	·v		TOTAL		
ADDITIONAL SERVICES Additional 30 Minutes - On Court or Party Time			COST \$150.00/\$200.00 for tennis			QUANTIT	<u>'</u>		TOTAL		
☐ Additional Services			\$150.00/\$200.00 for tennis								
TOTAL											
TAX											
REQUIRED DEPOSIT: \$250.00 (Non-Refundable)											
BALANCE DUE											
Payment Information Please sele	ct your payment method:										
□ CREDIT CARD	, , ,										
☐ I authorize SPORTIME to bill my credit card on file.			☐ Please	e use this ca	rd: 🗆 l	vic □ vis	SA 🗆 AMEX	⟨ □ DIS	COVER		
CARD NUMBER EXPIRATION CVV		ZIP	☐ Select	to make th	is your gu	your guaranteed form of payment on file.					
☐ CHECK OR CASH											
You must have a credit card on file if you are not paying the full amount.			☐ CHEC	□ CHECK □ CASH IF CHECK, NO.					AMOUNT		
iability Maiyar Assumption of	Dick and Dalacce and Ot	hor Tours	٠.								
iability Waiver, Assumption of	kisk and Release and Ut Idren or less, plus \$35 for each additional			1 1 . IC		. 7 1 .	L.L. CRORTR	·			

Iunderstand that the party price is \$645 for 12 children or less, plus \$35 for each additional child, plus tax on full party balance. I further agree that I understand that \$PORTIME is responsible for supplying the tennis and multi-sport facilities, Experienced teachers and coaches and all sports equipment and activities; food and drink "basic package" supplied by Julia's Corner, including paper goods (see catering menu for custom options). Parents/guardians supply cake and candles. By signing below, I understand that I must remit a non-refundable deposit in the amount of \$250 along with this application to reserve the \$PORTIME facilities, date and time for my party. I understand that I am required to provide \$PORTIME a guaranteed minimum number of party guests no less than 48 hours prior to the start of my party, and that I am financially responsible for that guaranteed minimum number of party guests, even if the actual number of party guests that attends is fewer than the guaranteed minimum. If more than the guaranteed minimum number of party guests attend, additional charges may apply at the rates set forth above. I understand and agree that the balance remaining for the party, in excess of the deposit, must be paid in full before the party commences. I understand that I am responsible for supplying the birthday cake and candles for my party. I agree that I am the parent or legal guardian of the named participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by \$PORTIME. I further acknowledge and agree that there are certain inherent dangers in participating in \$PORTIME programs, services and activities, and that \$PORTIME shall not be liable for any personal injuries, property damage, or other loss sustained by the named participant in, on or about the premises of \$PORTIME, or arising out of the use or intended use of any facilities, equipment or other property of \$PORTIME, I hereby further declare the named participant to be physically soun

AUTHORIZED SIGNATURE: DATE: