

# **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.

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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.



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

Thank you for choosing to have your child's birthday party at SPORTIME Amagansett. In order to offer your child his or her greatest birthday party ever, it is important that you take the time to complete the following application. Please choose from the following list the activity or activities your child would like to play. We recommend no more than 3 activities:

□ Inflatable Obstacle Course/Bouncy Castle □ Basketball □ Floor Hockey □ Baseball □ Dodgeball □ Kickball □ Soccer □ Tennis □ Pickleball □ Swim □ Gaga □ Other

<b>RESPONSIBLE PARTY INFORMATION</b> Please complete all fields and print clearly.						
PARENT/GUARDIAN FIRST NAME	LAST NAME			GENDER		
STREET ADDRESS	APT #/P.(		CITY	STATE ZIP		
PARENT/GUARDIAN: EMAIL ADDRESS (REQUIRE	, 	MOBILE PHONE		IOME PHONE		
MOBILE PHONE	HOME PHONE	BUSINESS PHONE		OVOU PREFER TO BE CONTACTED:		
EMERGENCY CONTACT: FIRST NAME	LAST NAI	ИЕ	RELATION TO BIRTHDAY CHILD	CONTACT PHONE NUMBER		

BIRTHDAY CHILD INFORMATION Please complete all fields and print clearly.			PARTY DATE Please fill in your preferred	party date and time
BIRTHDAY CHILD FIRST NAME		LAST NAME	DATE	
ALLERGIES/HEALTH RESTRICTIONS	DOB	GENDER	TIME	
		FEMALE I MALE NON-BINARY		

PARTY COSTS - Cost is for 1.5 Hour Party	COST	QUANTITY	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		
ADDITIONAL SERVICES	COST	QUANTITY	TOTAL
Additional 30 Minutes - On Court or Party Time	\$150.00/\$200.00 for tennis		
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<ul> <li>Additional 30 Minutes - On Court or Party Time</li> <li>Additonal Services</li> </ul> TOTAL	\$150.00/\$200.00 for tennis		

### Payment Information Please select your payment method:

CREDIT CARD					
□ I authorize SPORTIME to bill my credit card on file.	□ Please use this card: □ MC □ VISA □ AMEX □ DISCOVER				
CARD NUMBER EXPIRATION CVV ZIP	□ Select to make this 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.	CHECK CASH IF CHECK, NO. AMOUNT				

#### Liability Waiver, Assumption of Risk and Release and Other Terms:

I understand 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 SPORTIME 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 SPORTIME 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 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 there are certain inherent dangers in participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME. I further acknowledge and agree that there are certain inherent dangers in participating in SPORTIME, or arited use of any facilities, equipment or other property of SPORTIME. I hereby further declare the named participant in, on or about the premises of SPORTIME, programs, services and activities. In the case of accident or injury to the named participant, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention, if necessary, for which I will be financially responsible. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion, a

#### AUTHORIZED SIGNATURE: