



## Birthday Party Reservation Request Form

Parent's Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Birthday Child's Full Name: \_\_\_\_\_ Birthday Child's Age: \_\_\_\_\_

Are you a member? (please check one): \_\_\_\_\_ YES \_\_\_\_\_ NO

### PRICES & SCHEDULE

**BACKYARD PARTY (20 total guests):** Member- \$250 Non-Member- \$350

**\*Time Slots ~ Wednesday – Saturday:**

10:30 am – 12 pm • 12:45 pm – 2:15 pm • 3 pm – 4:30 pm

**TRADITIONAL PARTY (30 total guests):** Member- \$250 Non-Member- \$350

**\* Time Slots ~ Wednesday – Saturday:**

10:30 am – 12 pm • 12:45 pm – 2:15 pm • 3 pm – 4:30 pm

**PRIVATE PARTY (40 total guests):** Member - \$350 Non - Member \$400

**\*Time Slots ~ Sunday:** 10:30 am – 12 pm • 12:45 pm – 2:15 pm • 3 pm – 4:30 pm

*\*Time slots subject to change.*

Requested Date of Party: \_\_\_\_\_ Alternate Date: \_\_\_\_\_

Time Slot: \_\_\_\_\_ Additional time (\$100/half hour): \_\_\_\_\_

Requesting the above date and time slot does NOT guarantee availability.  
A Santa Fe Children's Museum team member will follow up to confirm the reservation details.

**Please ensure all fields on this form have been completed.  
If you have additional questions, you may call us at (505) 989-8359 ext.110.**

### FOR OFFICE USE ONLY:

Put on Tracklist: <input type="checkbox"/> Date: _____ Initial: _____	Agreement Form Signed: <input type="checkbox"/> Date: _____ Initial: _____
Payment Received: <input type="checkbox"/> Date: _____ Initial: _____	Confirmation Sent: <input type="checkbox"/> Date: _____ Initial: _____
Put on Calendar: <input type="checkbox"/> Date: _____ Initial: _____	