

BIRTHDAY PARTY PROGRAM APPLICATION

Name of Parent(s): _____ Phone Number: _____

Address: _____

Child's Name: _____ Email Address: _____

Birth Date: ____/____/____ Estimated number of children (maximum 20): _____

(Minimum age of birthday child: 5)

Party Date Requested: 1st Choice: _____ Requested Time: 1st Choice: _____

2nd Choice: _____ 2nd Choice: _____

Party Dates: Saturday and Sunday only

Party Times: 10:30 am—12:30 pm or 1:30 pm—3:30 pm

Party Animals

Touchable Animals

Please list child's top three choices, in order of preference. One animal will be shown at the party.

1. _____ 2. _____

3. _____

Non-Touchable Animals

Please list child's top four choices, in order of preference. Two animals will be shown at the party.

1. _____ 2. _____

3. _____ 4. _____

Birthday Party Activity

Please circle your preferred activity for your child's birthday party.

Animal Story Time

Animal Artifact Presentation

Farmyard Tour

In the hopes of ensuring that your birthday party program runs as smoothly as possible, below advise of any special circumstances that our staff should be made aware of:

To secure your date, please complete and return this form with a \$50.00 deposit fee. Checks should be made payable to the Bergen County Department of Parks. Party arrangements will be confirmed when this form and the deposit fee are received by the zoo and pending availability. Incomplete forms will be returned with no guarantee of a reservation.

Parent/Guardian Signature: _____ Date: _____

FOR THE SAFETY AND COMFORT OF OUR ANIMALS, NO BALLOONS OR NOISEMAKERS ARE ALLOWED IN THE ZOO.

For office use only

Deposit received by: _____ on: _____ Check #: _____ Amount: _____

Balance received by: _____ on: _____ Check #: _____ Amount: _____