



Birthday Reservation Request

Charles Carroll Community Center
3719 Littlestown Pike, Westminster MD 21158
Phone: 410-386-2546 Email: ccrec@carrollcountymd.gov

Parties must be requested 30 days in advance – Parties held on Saturday, 11 a.m. – 1 p.m. (April – Nov.) \$150.00

Parent' Name: _____

Address/Zip Code: _____

E-Mail Address: _____ **Telephone** _____

Requested Date: _____ **Number of participants:** _____

Childs Name and Age: _____

Birthday parties are appropriate for ages 5 and older, and accommodate up to 30 people, including adults. Please choose from the gym activities below.

Gym Activities		General In order to ensure a great experience for all, we ask that you please be aware of the following party guidelines. Parties are booked on a first come, first served, basis and payment is due at the time of reservation. Due to staff needs, parties must be booked at a minimum of 30 days in advance. Parties are available April through December. Admittance: You may gain entry 15 minutes prior to your party to set-up. Party length is 2 hours. What to Bring: Cake, food, paper products, table clothes, ice, etc. Nothing can be taped to the walls and all decorations must be approved by the center manager. Candles are not permitted. Refrigerator is available. Refunds: Refunds will not be issued for canceled parties within 7 days of the scheduled party. There is a \$10 cancelation fee otherwise. Supervision: Children must be always supervised by an adult.
Gaga Pit	<input type="checkbox"/>	
Open Basketball	<input type="checkbox"/>	
Pop-a-Shot	<input type="checkbox"/>	
Pickleball (2 nets, no basketball)	<input type="checkbox"/>	
Ping Pong Table	<input type="checkbox"/>	
Add on Photo Booth (30 mins – extra fee \$50)	<input type="checkbox"/>	
Other Requests:		

Facility Use Agreement: Alcohol, smoking, and drugs are prohibited in the center, parking lot, or park property. Payment is due at the time of booking. I, the undersigned, am the individual responsible for this reservation and agree to all terms and conditions. I further agree to supervise children and guests at all times, ensure compliance with facility rules and policies, and be financially responsible for any damage to the facility or equipment caused by myself, my child(ren), or guests. I waive any and all liability against the Carroll County Commissioners, the Charles Carroll Community Center, or any other entity of the Commissioners by signing of this agreement and use of the facility herein.

Signature: _____

Office Use Only: ☐ Approved ☐ Denied

RecDesk Invoice/Paid:

Notes: