

SOUTHERN MUSEUM OF FLIGHT BIRTHDAY PARTY AGREEMENT

Please call first to make your reservation. To secure your reservation, please complete and return the Birthday party agreement with your deposit.

Please Print:

Date of Party _____ Time _____
 Name _____
 Address _____ City _____ St _____ Zip _____ Phone _____
 Email List for Upcoming Events _____
 Child's name _____ Age _____ Estimated No. Attending _____

Party Fee: To Be Paid in Advance: (For up to 15 children and adults)

- \$150 Plus \$50 damage deposit Total \$200
- \$200 Party Fee & deposit plus \$25 Family Membership Total \$225
- \$125 Party Fee for Museum Members & \$ 50 deposit Total \$175
- Additional Children \$5 each
- Standard 16" round cookie **Included in Birthday Fee** (Feeds 15-20)
- Additional \$10** Extra Large Pan (Feeds 20-25) **Add to Total Fee be paid in advance**

⊖ The following is provided at a **High Flying Birthday Party:**
Use of Decorated Room for 2 Hrs, Giant Airplane Cookie & Drinks, Helicopter & Paper Airplane Activities, Glider Favor, Access to Family Hangar & Exhibit Halls.

⊖ **Parents are responsible for serving cookie and drinks, clean-up after in party room & children's hangar. Parents must provide adult supervision for children at all times during party in the children's hangar, exhibit halls and party room.**

⊖ **Parents will need to provide candles and cookie-cutter for serving. No outside food and drink for children is permitted. Outside drinks for adults are okay. Paper ware & cups should be provided for adults. Ice is available. No helium balloons or music allowed Take home favor bags are permitted.**

⊖ **Museum will notify lessee of mechanical failures or other unavoidable circumstances which might interfere with birthday party. If lessee chooses to make alternate arrangements, the security deposit will be refunded in full.**

⊖ **The museum is a smoke-free facility. Damage of museum property or violation of above agreement will result in forfeiture of security deposit. Parents also agree to be responsible for any additional damages incurred. If no damages are incurred, and clean-up complete security deposit will be refunded by mail.**

I agree to the terms of above contract. Lessee Signature _____

Yes, our family would like a Museum Family Membership for an additional \$25. (Family memberships are usually \$45, a savings of \$20 if purchased with party.) Museum Family Memberships includes discounts on programs, birthday parties, admission to the museum and over 250 other science museums across the country.

Staff Signature _____ Date Deposit Rec _____ Amt Rec _____
 Staff Signature _____ Date _____ Refund Amt _____

Make checks payable to the Southern Museum of Flight
 4343 73rd Street North, Birmingham, AL 35206
 P 205-833-8226 F 205-836-2439 www.southernmuseumofflight.org