

SPORTIME Birthday Parties

Best. Party. EVER!

Let's Party!

Party Theme

The birthday boy or girl and his/her guests will participate in a variety of exciting, fast-paced tennis games, activities and a round-robin "tournament". All activities will be adapted to the playing levels of the participants.

Party Schedule

Birthday parties take place at designated times on weekends and during the week. They are 1 1/2 hours in length. Children spend one hour playing tennis and a half-hour celebrating in our private party area. Extra time can be purchased.

All Parties Include

SPORTIME supplies a state-of-the-art, climate controlled tennis facility, tennis instruction, all tennis equipment, and a party room.

*Party programs and services vary at each SPORTIME location.

Party Food

Various catering options are available.

Party Venues

SPORTIME Randall's Island is open year round and features over 20 indoor and outdoor Har-Tru (clay) tennis courts, training and fitness center, comfortable lounge areas with ample viewing areas for players and guests, locker rooms, and cafe.

Party Costs

TENNIS PARTIES

- Members - \$600 / 12 children - \$12 / add'l child
- Non-Members \$700 / 12 children - \$12 / add'l child

*Please note: Tax will be added to party balance, and Gratuities are not included



SPORTIME Randall's Island, One Randall's Island, New York, NY 10035 TEL: 212-427-6150
www.SportimeNY.com/Manhattan / email: nyc@sportimenycom



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SPORTIME Tennis Party Party Application

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 Randall's Island. 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.

RESPONSIBLE PARTY INFORMATION Please complete all fields and print clearly.			
PARENT/GUARDIAN FIRST NAME		LAST NAME	
		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY	
STREET ADDRESS		ADDRESS 2	CITY
		STATE	ZIP
PARENT/GUARDIAN: EMAIL ADDRESS (REQUIRED)		MOBILE PHONE	
		HOME PHONE	
MOBILE PHONE		HOME PHONE	BUSINESS PHONE
		HOW DO YOU PREFER TO BE CONTACTED: <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/> MAIL	
EMERGENCY CONTACT: FIRST NAME		LAST NAME	
		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		DATE	
LAST NAME			
ALLERGIES/HEALTH RESTRICTIONS		TIME	
DOB			
GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY			

PARTY COSTS - Cost is for 1.5 Hour Party	COST	QUANTITY	TOTAL
<input type="checkbox"/> Member Price - 12 Guests	\$600.00		
<input type="checkbox"/> Non-Member Price - 12 Guests	\$700.00		
ADDITIONAL SERVICES	COST	QUANTITY	TOTAL
<input type="checkbox"/> Additional 30 Minutes - On Court or Party Time	\$100.00		
<input type="checkbox"/> Additional Party Guests - Per Person	\$12.00		
<input type="checkbox"/> Additional Pizza - Per Pie	\$15.00		
<input type="checkbox"/> Additional Soda - Per 2-Liter Bottle	\$3.00		
TOTAL			
TAX			
REQUIRED DEPOSIT: \$100.00 (Non-Refundable)			
BALANCE DUE			

Payment Information Please select your payment method:

<input type="checkbox"/> CREDIT CARD			
<input type="checkbox"/> I authorize SPORTIME to bill my credit card on file.		<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
CARD NUMBER	EXPIRATION	<input type="checkbox"/> Select to make this your guaranteed form of payment on file.	
<input type="checkbox"/> CHECK OR CASH			
You must have a credit card on file if you are not paying the full amount.		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	IF CHECK, NO. AMOUNT

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

I understand that the party price is \$600 for 12 children (\$700 for Non-Members) plus \$15 for each additional child, and tax will be added to total party balance. I further agree that I understand that SPORTIME is responsible for supplying the tennis facilities, staff members, tennis and sports equipment, party favors, and all paper goods. 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 facilities, date and time for my party. I understand that I am required to provide 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, even if the actual 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 I am the parent or legal guardian of the named 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 programs, services and activities, and that SPORTIME shall not be liable for any personal injuries, property damage, or other loss sustained by the named participant in, on or about the premises of SPORTIME, or arising out of the use or intended use of any facilities, equipment or other property of SPORTIME. I hereby further declare the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent his/her participation in 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, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro-rata basis. I understand and agree that SPORTIME retains the rights to any photographs or video taken of the named participant at SPORTIME facilities or at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marketing, social media and advertising. SPORTIME's Privacy Policy can be viewed at: https://www.sportimeny.com/privacy_policy.php. If the named participant's email address is provided above, I authorize SPORTIME to contact him/her at such address directly. SPORTIME DOES NOT GUARANTEE MAKE-UPS FOR CLASSES MISSED BY THE PARTICIPANT.

AUTHORIZED SIGNATURE:

DATE: