



Sandcastles Children's Museum  
129 E. Ludington Ave. PO 595  
Ludington, MI 49431

Date \_\_\_\_\_  
Invoice # \_\_\_\_\_  
sandcastleschildrensmuseum.com

## Sandcastles Children's Museum Birthday Party Invoice

(to be returned with check, made to Sandcastles, at least 10 days before the event)

Mail check to: Marcia Olmstead (Sandcastles), 920 E. Maple, Ludington, MI 49431

Party scheduled for (Date) \_\_\_\_\_ (Time) \_\_\_\_\_

### Parties scheduled during open museum hours:

\$80 non-member/\$70 member for use of the museum and party room for 2 hours

\$15 added for each additional hour reserved

This fee is for up to 12 children, each additional child is \$4.00 (to be paid at the door), adult chaperones are free

Cancellation fee: full refund if cancelled a day in advance, \$25 fee if cancelled the day of the event (843-4363)

Your date is during regular museum hours so please enclose a check for \_\_\_\_\_

### Parties scheduled when museum is closed to the public:

\$125 non-members/\$110 member for use of the museum and party room for 2 hours

\$50 added for each additional hour reserved

This fee is for up to 12 children, each additional child is \$4.00 (to be paid at the door), adult chaperones are free

Cancellation fee: full refund if cancelled a day in advance, \$50 fee if cancelled the day of the event (843-4363)

Your date is not during regular museum hours so please enclose a check for \_\_\_\_\_

Approximate number of additional children (in addition to the 12) who will be present \_\_\_\_\_

I have chosen to (circle one):           bring my own paper products           use Sandcastles' paper products

### Policy:

1. When you enter, the staff will gather your group to go over safety instructions.
2. Chaperones must supervise children in all areas of the museum.
3. Children and adults are asked to help put items back in place when finished.
4. If using the party room, the room must be left clean and neat.

Parent's name \_\_\_\_\_ Child's name \_\_\_\_\_ Age \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Our birthday gift to your child will be a \$5.00 gift certificate to the Sandcastles' Gift Shop!**