

# Birthday Party

## REGISTRATION FORM



Name \_\_\_\_\_ Member ID (if applicable) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**Birthday child age:** \_\_\_\_\_ **Child Name:** \_\_\_\_\_

**Guest Count:** \_\_\_\_\_ *Total # of guests (includes children AND adults)*

**Party Date:** 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_

**Time in Party Room:**

Your arrival time will be different than the time you are in your party room. You will have access to the party room 1/2 hr before your time in the party room.

Noon  3 pm

**Party Activity:**

Alka Rockets  Snot  Stunt Planes  Color Mixing Spinners

**Party Show:**

IMAX  Franklin Theater  Planetarium

Preferred Show Title \_\_\_\_\_

**Fees**

Guest Count	Non-members	Members	
15 guests maximum	\$325	\$295	<i>Additional fee of \$20 per person will be charged on the day of the party if the maximum # of guests is exceeded.</i>
25 guests maximum	\$450	\$407	
35 guests maximum	\$550	\$497	
50 guests maximum	\$700	\$632	

**Special Option**

Liquid Nitrogen Ice Cream \_\_\_\_\_ guests x \$3/person = \_\_\_\_\_

**Payment**

Party Fee (based on guest count): .....\$ \_\_\_\_\_

Special Option (if applicable): .....\$ \_\_\_\_\_

**Total due in full:** .....\$ \_\_\_\_\_

Check\*  VS  MC  AE  DSC

Acct # \_\_\_\_\_ Exp. \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

\* Please note: there is a \$15 fee for returned checks.

**REGISTRATION**

Please submit this form with your full payment.

**By mail:**

Group Sales  
The Franklin Institute  
222 North 20th Street  
Philadelphia, PA 19103

**By FAX:**

215.448.1235

**By Phone:**

215.448.1286



**Celebrate at  
The Franklin  
Institute!**