



Armonk Indoor Sports Center

Party & Event Form

Child's Name: _____ Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Party Date: _____ Time: _____

Number of Guests: _____ Age of Guests: _____

Party Type

Field Sports – 1/3 Field – **\$495**
Up to 12 guests; 1 trainer included
(guests under 7 years old require
a 2nd trainer at a cost of \$95)

Field Sports – 2/3 Field – **\$695**
Up to 24 guests; 2 trainers included
(guests under 7 years old require
a 3rd trainer at a cost of \$95)

Field Sports – Full Field
Call for pricing

Tennis
Call for pricing

Arts & Crafts
Call for pricing

Party Theme

1) _____

2) _____

3) _____

Details & Payment

Cost is for 1 hour of playing time and a ½ hour of free time in the party room. There is a \$25 fee for each additional guest beyond the maximum numbers listed above. Please organize your guests into teams or groups prior to the party to limit downtime. A 50% deposit is due with this form to reserve your party date and time, with the remaining 50% due the day of the party. Gratuities to the staff are appreciated. Any excessive damage to the facility will be subject to a minimum \$150 clean-up fee. All reservations are subject to a \$150 cancellation fee.

Deposit (50%): \$ _____

Please bring or fax this form with payment
or mail to:

Check (payable to **Armonk Indoor Sports Center**)

Armonk Indoor Sports Center
205 Business Park Drive
Armonk, NY 10504

Credit card: MasterCard Visa American Express

Name: _____ Card #: _____

Expiration Date: ____ / ____ Security Code: _____ Billing Zip Code: _____

Waiver & Release

The registrant and all participants are physically cleared to participate in this program and do so at their own risk. I understand that neither North Castle Sports Associates LLC (Armonk Indoor), Town of North Castle, nor its agents will assume responsibility for accidents and/or medical expenses incurred at Armonk Indoor Sports Center. I am aware that North Castle Sports Associates LLC does not provide medical insurance in this program. In the event of an emergency, I hereby grant North Castle Sports permission to give whatever immediate treatment is necessary and/or take my self/child to a hospital emergency room. Permission is hereby granted to utilize photos and video taken at Armonk Indoor as promotional materials. I have carefully read all of the information and agree to all conditions.

Signature: _____ Date: _____