



## 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 – **\$505**  
Up to 15 guests; 1 trainer included  
(guests under 7 years old require  
a 2nd trainer at a cost of \$95)

☐ Field Sports – Full Field  
**Call for pricing**

☐ Field Sports – 2/3 Field – **\$705**  
Up to 25 guests; 2 trainers included  
(guests under 7 years old require  
a 3rd trainer at a cost of \$95)

☐ Tennis  
**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: \_\_\_\_\_