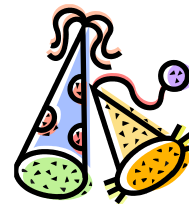


**Birthday Request Form**



Name: (Mr. Mrs. Ms. Dr.)

Address:

City:

State:

Zip:

Phone:

Email:

Name of birthday child:

Age:

Date requested:

Time requested (circle):

10:00-12:00

1:30-3:30

Number of children attending:

Type of party (circle): *Party cost based on 10 children. Additional children, up to 15 total, are \$4 each*

- ◆ **Themed** (\$95 members; \$145 nonmembers—includes Port Discover membership)
- ◆ **Basic** (\$70 members; \$120 non-members—includes Port Discover membership)

**50% deposit to hold the date**

Payment Method:

**Available Party Program Themes**

Choose a theme that your child would enjoy and Port Discover will provide a 30 minute hands-on science activity based on the theme chosen.

- Animals**
- Insects**
- Science Magic**
- Aviation**
- Garden Madness**

Send completed forms to [portdiscover@portdiscover.org](mailto:portdiscover@portdiscover.org)  
Please allow 2-3 business days for a response to your request.

For office use only:

Date Confirmed

Educator Confirmed

Deposit Received