

SPORTIME Birthday Parties

Best. Party. EVER!

Let's Party!

Party Theme

The birthday boy or girl and his/her guests will participate in a variety of exciting, fast-paced tennis games, activities and a round-robin "tournament". All activities will be adapted to the playing levels of the participants.

Party Schedule

Birthday parties take place at designated times on weekends and during the week. They are 1 ½ hours in length. Children spend one hour playing tennis and a half-hour celebrating in our designated party area.

**Additional time is available for a small fee*

All Parties Include

SPORTIME supplies a state-of-the-art, climate controlled facility, qualified staff members, all sports equipment, party area, pizza (one slice per child), and all party paper goods. Parents are responsible for supplying the cake and candles.

**Party programs and services vary at each SPORTIME location.*

Party Costs

TENNIS PARTIES

Member Party Price - \$675 / 15 guests - \$45 / add'l guest

Non-Member Party Price - \$825 / 15 guests - \$55 / add'l guest

**Please note: Tax will be added to total balance, Gratuities are not included.*



SPORTIME Lake Isle, 660 White Plains Road, Eastchester, NY 10709 TEL: 914-777-5151 FAX: 914-337-4820
www.SportimeNY.com/LakeIsle / email: lisle@sportimeny.com



SPORTIME Lake Isle
660 White Plains Road, Eastchester, NY 10709
TEL: 914-777-5151 | FAX: 914-337-4820
www.SportimeNY.com/Lakelsle | EMAIL: lisle@sportimeny.com

SPORTIME Lake Isle Tennis Party Application

☐ MEMBER ☐ NON-MEMBER

Thank you for choosing to have your child's birthday party at SPORTIME Lake Isle. In order to offer your child his or her greatest birthday party ever, it is important that you take the time to complete the following application.

RESPONSIBLE PARTY INFORMATION Please complete all fields and print clearly.				
PARENT/GUARDIAN FIRST NAME		LAST NAME		GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY
STREET ADDRESS		ADDRESS 2	CITY	STATE ZIP
PARENT/GUARDIAN: EMAIL ADDRESS (REQUIRED)		MOBILE PHONE		HOME PHONE
MOBILE PHONE		HOME PHONE	BUSINESS PHONE	HOW DO YOU PREFER TO BE CONTACTED: <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> TEXT <input type="checkbox"/> MAIL
EMERGENCY CONTACT: FIRST NAME		LAST NAME	RELATION TO BIRTHDAY CHILD	CONTACT PHONE NUMBER

BIRTHDAY CHILD INFORMATION Please complete all fields and print clearly.		PARTY DATE Please fill in your preferred party date and time
BIRTHDAY CHILD FIRST NAME		DATE
LAST NAME		
ALLERGIES/HEALTH RESTRICTIONS	DOB	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY
		TIME

PARTY COSTS	MEMBER/NON-MEMBER COST	QUANTITY	TOTAL
<input type="checkbox"/> Tennis Party - 15 Guests	\$675.00/\$825.00		
<input type="checkbox"/> Additional Party Guests - Per Person	\$45.00/\$55.00		

ADDITIONAL SERVICES	COST	QUANTITY	TOTAL
<input type="checkbox"/> Additional 30 Minutes - On Court or Party Time	\$100.00		
<input type="checkbox"/> Additional Pizza - Per Pie	\$21.00		
<input type="checkbox"/> Additional Soda - Per 2-Liter Bottle	\$4.00		
TOTAL			
TAX			
REQUIRED DEPOSIT: \$50% (Non-Refundable)			
BALANCE DUE			

Payment Information

 Please select your payment method:

<input type="checkbox"/> CREDIT CARD			
<input type="checkbox"/> I authorize SPORTIME to bill my credit card on file.		<input type="checkbox"/> Please use this card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER	
CARD NUMBER	EXPIRATION	<input type="checkbox"/> Select to make this your guaranteed form of payment on file.	
<input type="checkbox"/> CHECK OR CASH			
You must have a credit card on file if you are not paying the full amount.		<input type="checkbox"/> CHECK <input type="checkbox"/> CASH	IF CHECK, NO. AMOUNT

Liability Waiver, Assumption of Risk and Release and Other Terms:

I understand that the member party price is \$675 for 15 guests, plus \$45 for each additional child, and tax is added to total party balance. I further agree that I understand that SPORTIME is responsible for supplying the tennis facility, tennis instructors, tennis equipment, pizza and soda or juice for all children, and all paper goods. By signing below, I understand that I must remit a non-refundable 50% deposit along with this application to reserve the SPORTIME facilities, date and time for my party. I understand that I am required to provide SPORTIME a guaranteed minimum number of party guests no less than 48 hours prior to the start of my party, and that I am financially responsible for that guaranteed minimum number of party guests, even if the actual number of party guests that attends is fewer than the guaranteed minimum. If more than the guaranteed minimum number of party guests attend, additional charges may apply at the rates set forth above. I understand and agree that the balance remaining for the party, in excess of the deposit, must be paid in full before the party commences. I understand that I am responsible for supplying the birthday cake and candles for my party. I agree that I am the parent or legal guardian of the named participant, and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by SPORTIME. I further acknowledge and agree that there are certain inherent dangers in participating in SPORTIME programs, services and activities, and that SPORTIME shall not be liable for any personal injuries, property damage, or other loss sustained by the named participant in, on or about the premises of SPORTIME, or arising out of the use or intended use of any facilities, equipment or other property of SPORTIME. I hereby further declare the named participant to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent his/her participation in SPORTIME programs, services and activities. In the case of accident or injury to the named participant, and if an emergency contact person cannot be reached, I grant SPORTIME permission to obtain medical attention, if necessary, for which I will be financially responsible. SPORTIME reserves the right to cancel this contract at any time, at its sole discretion, and SPORTIME's sole liability shall be to refund any amounts previously paid on a pro-rata basis. I understand and agree that SPORTIME retains the rights to any photographs or video taken of the named participant at SPORTIME facilities or at off-site SPORTIME programs or events, to be used for SPORTIME publicity, marketing, social media and advertising. SPORTIME's Privacy Policy can be viewed at: https://www.sportimeny.com/privacy_policy.php. If the named participant's email address is provided above, I authorize SPORTIME to contact him/her at such address directly.

AUTHORIZED SIGNATURE:

DATE:

Book Today!

Complete this application and return with required deposit by mail, fax or email::

SPORTIME Lake Isle
Mail: 660 White Plains Road, Eastchester, NY 10709
Fax: 914-337-4820 | Website: www.SportimeNY.com/Lakelsle
Questions? Contact Lake Isle: Phone: 914-777-5151 | Email: lisle@sportimeny.com