Classic Birthday Party Package Form

Party Date & Day of the Week: _____

Party Room Time (30 Minutes): _____

Arrival Time: _____

Child's Name: _____Birthday Party Child's Age: _____

Your Full Name: _____

Phone Number: _____

Address: _____

City: _____

Zip Code: _____

Email Address: _____

Add Ons: (Check the options you are interested in. Our water park team will reach out with more information.)

- ☐ Pizza
- ☐ Arcade Cards
- ☐ Beverages
- ☐ Fruit and Veggie Platters

Notes:

Thank you,
Springs Water Park | 262-970-5262

Once you fill out the form, please send to rbudreck@theinglesidehotel.com and someone will be in contact with you to go over party details and payment information.