



Birthday Party Reservation

*If this reservation includes a family membership, please enter the names in the Parent/Guardian line that you would like on your membership cards.

Child's Name _____ Age _____

* Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Best Phone # _____ Alternate Phone # _____

Fax # _____ Email _____

Birthday Party Availability: Tues-Fri: 2-4pm; Sat: 11am-1pm or 2pm-4pm; Sun: 2-4pm

Room must be vacated 10 minutes after the end time.

1st choice: Day _____ Date _____ Time _____

2nd choice: Day _____ Date _____ Time _____

Location: _____ Classroom/Patio _____ Picnic Area

Total # of children _____ Total # of adults _____

Total attending your party can be no more than 24 persons

***Fees:**

_____ \$155 Coyote Point Museum Member \$ _____

_____ \$205 Non-member (Includes a 1-year family membership) \$ _____

_____ \$185 Additional for Interactive Magic and Clown Show \$ _____

_____ Additional \$8 for Each Goody Bag;
Number of Bags Needed: _____ \$ _____

Total Amount Due \$ _____

_____ Check Enclosed

_____ Visa/Mastercard

Acct #: _____ Expiration _____

Signature _____

***No refunds** will be given for cancellations within 2 weeks of scheduled party date.

Coyote Point Museum □ 1651 Coyote Point Dr., San Mateo, CA 94401 □ 650-342-7755 □ www.coyoteptmuseum.org

Office Use Only: _____ pd _____ conf sent _____ in book

Rev. 31 Mar 2008