



Bounce Magic, Inc.
Phone: 716-646-5867



Sleepover Planning Form

Organization Name: _____ Phone: _____

Address: _____ Tax ID: _____

City: _____ Zip: _____ Fax: _____

Contact Person: _____ Phone: _____ Requested date: ____/____/____

Group Leader (Day of Event if different from above): _____ Phone: _____

| | | |
|--|--|---|
| Choose the location. | <input type="checkbox"/> Amherst Location - 4090 Maple Rd. Amherst NY 14226 | |
| | <input type="checkbox"/> Hamburg Location - 4255 McKinley Pkwy Hamburg, NY 14075 | |
| Number of children attending : | | X \$25.00 = |
| Number of adults: | | X \$15.00 = |
| This event has a minimum requirement of 40 children and 20 adults or \$1300.00 | | Total \$ _____ |
| Please provide contacts names and numbers for supervising adults. | | \$200.00 deposit is required with this form to reserve this event. See cancelation policy on the next page. |
| ❖ _____ | Phone: _____ | |
| ❖ _____ | Phone: _____ | |
| ❖ _____ | Phone: _____ | |
| ❖ _____ | Phone: _____ | |

Note any special needs of the group below. (Including Multi media i.e. Microphone)

Please indicate if you are using a bus for transportation of the children. yes No

If 'YES' please have the driver check in with us for parking instruction.

Movie

If your group has a special movie that you wish to see please bring it with you. If you don't please indicate preferred category or the name of the movies you would like us to try and provide. We can not guarantee any of your choices so it is best if you supply the DVD for us to show.

Will you be running any programs for the children? _____

How long is the program expected to run? _____

Do you require anything from us? YES / NO

If yes, explain _____

Initials: _____



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Agreement information

Any questions should be directed to 716-570-1482

- Please fill out the attached form so we may process your invoice as quickly as possible. Return this form with a copy of your TAX EXEMPT certificate completely filled out, a Purchase Order number and a check for your deposit made payable to Bounce Magic, inc.
- Numbers entered on this form will be used to generate the invoice. If there are any changes to these numbers prior to the time of the event please inform us as soon as possible prior to the event so we may adjust the invoice and staffing.
- **PLEASE NOTE:** No changes will be accepted less than seven (7) days prior to the event. Any discrepancy to these numbers on the day of the event must be resolved on the day of the event. These adjustments will be handled by the accounting department after the event and are handled on a per contract basis. If the number of attendees is less than that of the invoice no moneys will be returned to the organization. Any additional attendees are welcome and must be paid in full at the time of event at the rate set forth by the group rate chosen on this form.
- **Deposit-** A \$200.00 deposit is required with this form. This will be shown as a credit on the invoice. Deposit is non-refundable with less than seven days notice. At management discretion, weather related cancellation maybe rescheduled with no loss of deposit. No show will require future events to be paid in full prior to the event and the deposit will be non-refundable.
- **Payment-** Payment in full is required at time of the event. Payment may also be pre-paid. Please include a copy of the invoice with the check and note the confirmation number on your check.
- **Cancellation-** In the event that you need to cancel this event and you are more than seven (7) days in advance of the event date, we will refund all but \$25.00. If you cancel any other time, your deposit will be forfeit.
- **Weather-** If the event is cancelled do to weather then a full refund or rescheduling will occur. However if the weather only causes a percentage of your guests not to arrive and the event continues then payment in full is still required. A discount may be applied at the discretion of the owners.
- All attending children regardless of age or height are counted as part of the group. We have a strict policy of "If they Play, They Pay". Please note that this package has a minimum charge regardless of the number of children and adult in attendance. The amount is \$1300.00
- **LIABILITY DISCLAIMER:** Bounce Magic is not responsible for the children in your care beyond the safety of them and the others in this facility. Bounce Magic is not responsible for lost or stolen items during your visit. All injuries must be reported to the facility at the time of incident.
- **Socks are required** to play on the inflatables. We need the cooperation of all in your group to comply with our rules and regulations. NO shoes or slippers are to be worn on any inflatable rides. Sock can be purchase at our counter.
- All NSF checks will have an additional \$40.00 service fee.
- Busses drivers need to check in with the manager to get instructions as to where to park during the event. Bus drivers are welcome to enjoy a free coffee while they wait for your group.

Your PO# _____ Authorized Signature _____ Date: ____/____/____

Initials: _____



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Sleepover Event Itinerary

- Show up at the facility anytime after 8pm.
 - Sign in and store belongings in designated area or keep in cars until needed. Our facility closes at 9pm to the public and this will give the children one hour of bouncing time before the evening begins.
- After all our regular customer and parties have left the building we will have you gather everyone together for our "Welcome and safety" speech.
 - At this time we will set out pop, water and non-carbonated drinks as well as veggie trays.
- If you have a program you wish to conduct, we suggest doing it at this time. If not, then the children can continue to bounce and play games until movie time.
- Pizza will be served at about 10pm or after your program is completed.
- The bounce houses and games are turned off at 10:45pm and then we ask that everyone gets settled down to relax and watch the movie. The movie will start at 11pm sharp.
 - Adults may wish to bring in camping chairs to use during the movie.
- At midnight we will serve the "Midnight Movie Munchies".
- When the movie ends (between 12:30am and 1am) we will turn on off all remaining equipment and lights except for the night light in the building.

Sleep Well

Wake up

- Wake up is at 7am.
- We will serve Milk, Orange Juice Coffee and Tea. Breakfast will be bagels, muffins or donuts and fruit
- Clean up.

We expect that each and every person will help to clean up by cleaning up the area in which they watched the movie and slept. We will clean everything else.

Thanks for having your Group Sleepover with BOUNCE MAGIC !

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Dinner Menu:

- >Fountain drinks and coffee service
- >Cheese Pizza and Pepperoni Pizza
- >Vegetable tray -
 - Carrots
 - Broccoli
 - Mushrooms
 - Cherry Tomatoes
 - Cauliflower
 - Celery
 - Ranch Dressing

NOTE: Chicken wings or fingers are not included
but can be purchased at an additional cost.

Movie Snack:

- > Smart Popcorn or chips
- >Water

Breakfast Menu:

- >Coffee Service
- >Milk and Orange Juice
- >Bagels and cream cheese
- >Donut holes
- >Fruit and/or Fruit cups - Red & Green Grapes

Initials: _____