

The Children's Museum of South Carolina Birthday Party Planner Confirmation

Date of Party: _____ (Saturdays only Memorial Day through Labor Day)

Date Party Booked _____

Time of Party

Check one of the following:

_____ **10:30-12:30**

10:30 - 11:30 Museum Exploration

11:15 - 11:30 *Party Setup*

11:30 - 12:30 **Party and cleanup**

_____ **1:30-3:30**

1:30 - 2:30 Museum Exploration

2:15 - 2:30 *Party Setup*

2:30 - 3:30 **Party and cleanup**

1/2 Day Rental \$400.00 10:00-1:00 or 1:00-4:00

All Day Rental \$700.00 (10:00-4:00)

Half Day or All Day Rentals must be booked at least one month in advance.

Please note that you have use of the birthday room for ONE hour, set-up is 15 min. prior to your party time.

Birthday Child's Name: _____ Child will turn: _____

Parent/Guardian responsible for payment: _____ Relation to the Child: _____

Address: _____ Phone: (h) _____ (w) _____

City: _____ State: _____ Zip: _____

Email: _____

Visitor Services Copy

Children's Museum of South Carolina Birthday Party Pricing

Date of Party: _____ Date Party Booked: _____

Total number of guests: _____	Option I (1-25 people)	Passport members	\$150.00
		Non-Passport members	\$200.00
	Option II (26-45 people)	Passport members	\$175.00
		Non-Passport members	\$225.00

Cost of Birthday Party Basic Package \$ _____

Double Booking Fees \$75.00 \$ _____

Cake: _____ 1/2 sheet Cake (serves 25) \$28.00 \$ _____
 _____ 1 Full sheet (serves 75) \$50.00

**** NAME TO APPEAR ON CAKE (Print): _____

Cupcakes: _____ small tray (36 count) \$25.00 \$ _____
 _____ large tray (60 count) \$35.00

Type of cake/cupcake: _____ yellow _____ chocolate
 Color of decorations: _____ pastel _____ primary colors

Cookie Trays: small tray (60 count) \$18.00 x _____ # of trays \$ _____
 (Assorted chocolate chip, sugar, and candy)

SANDWICH TRAYS (Turkey & Ham with cheese, lettuce, tomato & pickle) \$ _____

Small tray (serves 30) includes chips \$50.00
 Large tray (serves 50) includes chips \$80.00

Drinks: Tum-E Yummies, Vitamin Water, Soft Drinks, Bottled Water \$1.00/Person \$ _____

Dippin Dots: _____ Number needed x \$3.00 per person \$ _____

CMSC Birthday Bucks: (Purchased in quantities of \$25) _____ x 25.00 \$ _____

Balloon Bouquet

5 Latex Balloons @ \$5.99 x _____ # of Bouquets \$ _____
 12 Latex Balloons @ 10.99 x _____ # of Bouquets \$ _____

Color choice: Pastel or Primary

Table Covering Color: Circle One White Yellow Blue

Final Birthday Party Cost: (based on attendance) (\$ _____) \$ _____

Additional Guest Charges (above package limit) \$6.00 per person \$ _____

Clean up fees \$10.00 (You clean up "no charge") \$ _____

Total Birthday Costs: (Add base cost and all add on options) \$ _____

Deposit Due (\$75.00 minimum) Date Paid _____ Amount Paid \$ _____
 _____ Check # _____ CC _____ Cash

Add On Deposit Due (in full one week prior to party) NON REFUNDABLE Amount Paid \$ _____
 _____ Check # _____ CC _____ Cash

Balance due day of party \$ _____
 Paid by Check # _____ CC _____ Cash _____