



BIRTHDAY PARTY CELEBRATION CAFETERIA PARTY



Minimum number of guests: 21 Maximum number of guests: 40 Include host family members

	CLIA		k
STAFF USE	ONLY		
Date Recei	ved		

CONTACT IN	IFORMATION					
Contact Pers	son					
Address						
City, State, 2	IP Code					
Email Addre	SS					
Daytime Telephone Number Evening/Weekend		eekend Tele	ephone Number	Cell Phone Number		
EVENT INFO	RMATION					
Name of Birthday Child				Age of Birthday Child		
Total Number	er of Attendees (Maxim	um of 40 pe	eople, includ	ing children a	and adults)	
	DAY	DATE	-	TIME		
1 st choice					10:30 a.m12:30 p.m.	☐ Saturday 2-4 p.m. ☐ Sunday 12:30-2:30 p.m.
2 nd choice						☐ Saturday 2-4 p.m. ☐ Sunday 12:30-2:30 p.m.
3 rd choice				☐ Saturday 10:30 a.m12:30 p.m. ☐ Saturday 2-4 p.m. ☐ Sunday 12:30-2:30 p.m.		
Number of F	eople x \$4 eac	ch = \$.			
FOOD SERV	ICE					
☐ Meal (Ho	memade food CANNO	T be serve	d. No cookir	ng. Vendor m	nust have valid Health	Department license and insurance.)
Vendor				Scheduled Delivery Time (if delivered)		
	including first and last ron the following page.	names of a	ll guests, mu	ust be provid	led at least three busing	ess days before your event. See birthday party
Please initia from the par	/I unde ty space immediately a	erstand that and my pay	t if I exceed ment will no	the 40-persont be refunde	on guest limit at any po d.	int during the day, my party will be removed
Michigan F	NP Outdoor Advon	itura Can	tor		STAFF USE ONLY	
Michigan DNR Outdoor Adventure Center 1801 Atwater Street			Entered (date, initials)			
Detroit, MI					, ,	•
•	Number: 1-844-OAC	-MDNR (1	1-844-622-6	6367)	Confirmed (date, init	tials)
Fax Number: 313-567-0160 E-mail:DNR-OAC@michigan.gov				, ,	,	
	ww.michigan.gov/oac					



Outdoor Adventure Center Birthday Party Roster CAFETERIA BIRTHDAY PARTY LIMITED TO 40 PEOPLE TOTAL

Please include the first and last name of all adults and children (including the host family). All guests (adults and children) must wear a wristband at all times. Children must be accompanied by an adult throughout the Outdoor Adventure Center.

DAY/DATE/TIME	
BIRTHDAY CHILD	HOST ADULT

FIRST NAME	LAST NAME AGE FOR EACH CHILD		STAFF USE ONLY	
		or INDICATE ADULT	TIME IN	
1. Birthday Child				
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