Splashtacular Birthday Party Package Form

Party Date & Day of the Week: _____

Party Room Time (1 hour): _____

Preferred Party Room Time: □ Morning (Before Noon) □ Early Afternoon (12PM-3PM) □ Late Afternoon (3PM-6PM)

Preferred Swim Time: □ Before Party Room □ After Party Room
(2 hours, we do not break up swim times)

Event Name: _____Birthday Party

Your Full Name: _____

Phone Number: _____

Address: _____

City: _____

Zip Code: _____

Email Address: _____

Beverage Selection (choose one or two):

□ Pepsi □ Starry □ Berry Juice Box □ Apple Juice Box

□ Orange Crush □ Root Beer

Cake Flavor (choose one): □ Yellow □ Chocolate □ Marble

Cake Theme: (See cake theme on our website) #_____ Image:_____

Cake Inscription: _____

Notes/ Add-ons:

E-Invitations (choose one): □ Accept □ Decline

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.