

Birthday Party Reservation

Birthday Information:

Member or Non-Member: _____

(If non member please fill out the Contact Information below)

Date of Party: _____ **Time:** _____

Parents Last Name: _____

Parents First Name: _____

Birthday Child's Name: _____ **Age:** _____

of children expected: _____

Age Range of Party: _____

Friday Night Fun Package \$100.00
or \$125.00

Package #1 \$175.00
or \$195.00

Package #2 \$225.00
or \$245.00

Package #3 \$250.00
or \$275.00

Paper Products:
(for package 3 only)
Asst. Colors
Please Choose:
Boy/Girl

Contact Information

Address: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Package #3 ONLY:

Cupcake Information:

Theme: _____

Preferred Color: _____

Frosting Type: Buttercream Whipped

Cake type: Chocolate White

Or- 1/2 and 1/2

Total Amount: \$ _____

Amount of Deposit: \$ _____ (at least \$50.00)

Date Paid: _____ **Ck#/CC Approval#:** _____

2nd Payment

Total Amount Due: \$ _____ **Paid**

Date Paid: _____ **CK#/CC:** _____

Received Pro shop item

Date: _____

I have received and READ the birthday party flyer and understand that the \$50.00 deposit is non-refundable if cancelled within 14 days of reservation. **Parents Signature** _____