

PARTY RESERVATION FORM

Date of Party: _____

Y Member: Yes No

Saturday: 11:30am – 2pm

2:30pm – 5pm

Sunday: 1:30pm – 4pm

Child/Group Name: _____

Parent/Guardian Name: _____

Contact Information: Phone: _____ Phone: _____

Address: _____

Number of Party Guests: _____ Age range of guests: _____

Type of Party: Bounce House Pool Gym

Size of Party: Small Medium Large

PARTY FEE: \$ _____ Date Paid: _____ Staff Initials: _____

Method of Payment: Cash Check Credit Card

PARTY SCHEDULE

The first ½ hour is for party set up

1st hour activity – swimming bounce house or gym

2nd hour for activity room with party celebration

Party host is responsible for bringing all food and items
for party

Applicant's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

NOTE: PAYMENT IS DUE AT TIME RESERVATION IS REQUESTED. DATES FOR PARTIES CANNOT BE HELD WITHOUT PAYMENT.