



Birthday Party Request Form

Party Date: _____ Saturday _____ Sunday _____

Party Time _____ RGA Member: Y or N # _____

Birthday Child's Name (Last, First) _____

#1 Parent/Guardian Name (Last, First) _____ Phone _____

#2 Parent Guardian Name (Last, First): _____ Phone _____

Number of Guests: _____ Age Range: _____

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COST:

1 Hour and 30 minutes for up to 12 Guest is \$450.00 (includes Birthday Child)

Additional Children is \$18.00 each:

Estimate (\$450.00 + (#of additional Guest @\$18.00 each) _____

Additional Time (\$60.00 per 30 minutes) _____

Non-Refundable \$100.00 deposit made _____ Date: _____

_____ Cash
_____ Check _____ Check# _____
_____ Credit Card _____ Card # _____
Expiration Date: _____ CVV _____

Remaining Balance:

Party Cost: \$450.00	\$ _____
Additional Guest: # <u>\$18.00</u>	\$ _____
Additional Time:	_____
Tips	_____
Sub Total	_____
Less Deposit Paid	_____
Balance Due	\$ _____

Reservation Taken by: _____ Party Confirmed Date _____

Instructor(s) _____

Notes _____

Coaches Assigned Confirmed: _____