

***Activity/Birthday Party
Room
Booking Inquiry Form***

Contact Name: _____ Phone #: _____

Cell #: _____ Fax #: _____

Email: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Date of Visit: _____ Day: _____

Number in group: 17 MAX Kids: _____ Chaperones: _____

Rental Space: Activity Room Birthday Party Room (2 Hour Time Frame \$50)

Rental time begins _____ Rental time ends _____

Swim Options: No Use Indoor Outdoor Both

Food Options Self _____

RATES: Rental Rate: \$ 50.00 _____

Refundable cleaning deposit: \$25 _____

Admission Total Kids: \$4.28 16 and under **(Not Included in Rental Rate)**

The projected amount for the above leased premises and concessions shall be \$ _____.

Half of the rental/concessions amount and refundable damage deposit (\$ _____) is to be paid at booking of contract, and the remaining amount (\$ _____) is to be paid seven days prior to the event on _____.

The full projected (\$ _____) amount is to be paid at signing of contract, on _____ due to the booking occurring within 14 days of the event date.

Payment paid in full on _____.