

Performance Sports Center

Birthday Party Information Sheet

Must be completed, signed, and deposit paid to book party.

Student Information:

Student's Name: _____ Gender: _____ Age: _____ DOB: ____/____/____

Parent's Name _____ Email: _____

Parent's Phone Number: _____

Are there any medical conditions to which we should be alerted? If so, please explain:

Let's Plan Your Party!

Date of Party: _____ Number of guests: _____

Party Package: \$275 includes 12 guests and \$5 for each additional guest thereafter.

*2 hour time slot.

*15 min setup. *1 hour of playtime in gym. *30 min of party time.. *15 min clean-up time.

Party Total fee: \$_____

Requested Time for party (circle one): 11:00 1:30 4:00

OFFICE USE ONLY

Deposit \$50 date paid: ____/____/____ Method of Payment: Cash Check CC

Amount due at party: \$_____ Today's Date: ____/____/____

Coaches assigned:

Received By: _____