



BIRTHDAY PARTY CONTRACT

Full Payment must be made at time of booking (\$128)

Parent's Name: _____

Home Phone: _____ Alt Phone: _____

Address: _____ City/Zip: _____

Birthday Childs Name: _____ Age: _____

Number of Children: _____

Date of Party: _____ Pavilion: Beach Feature

Pavilion Rental Time: _____ Children's Main

Meal Time: _____

Cake: Flavor: Chocolate Vanilla

Icing: Chocolate Vanilla

Colors: (pick 3) _____

I have read and understand the birthday party rules & regulations along with the cancellation policy.

Customer Signature: _____ Date: _____

Staff Signature: _____ Date: _____

PAYMENT INFORMATION:

CASH: _____ CHECK #: _____

Please make checks payable to PWCPA. A valid driver's license number and birth date are required for the signature on each check. A \$25 returned fee is applicable on all returned checks.

CREDIT CARD: Master Card, Visa, Disc Account # _____/_____/_____/_____ Exp Date: ____/____

Card Holder Signature: _____

Deposit Received: _____ Date _____ Pavilion Confirmed _____ Staff Initials _____

Notes: _____