



Facility Usage Request Form - Parties

Name _____ Party Person's Name _____

Address _____ City _____

State _____ Zip _____ Email _____

Business Phone _____ Cell Phone _____

Home Phone _____ Age of Participants _____ Party Person's Age _____

Type of Party _____ # of Participants _____

Date Request Submitted : _____

Day/Date (s) Requested:	Time (s) Requested:	Area (s) Requested:	Cost:
1st _____	1st _____	1st _____	\$ _____
2nd _____	2nd _____	2nd _____	\$ _____
3rd _____	3rd _____	3rd _____	\$ _____
4th _____	4th _____	4th _____	\$ _____

50% DEPOSIT IS REQUIRED TO CONFIRMED RESERVATION

I agree to pay the Total Amount Due prior to the start of our first event. Cancellations result in a minimum 50% fee assessment.

Print Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

TOTAL AMOUNT DUE: \$ _____

1st PAYMENT: \$ _____ Date: _____

2nd PAYMENT: \$ _____ Date: _____

3rd PAYMENT: \$ _____ Date: _____

4th PAYMENT: \$ _____ Date: _____

5th PAYMENT: \$ _____ Date: _____

RESTAURANT REQUESTS: _____

OTHER REQUESTS: _____

Date Reservation Confirmed: _____

PIF Date: _____

Method of Payment:

Cash 1 _____ Check 1# _____ Cash 3 _____ Check 3# _____ Cash 5 _____ Check 5# _____

Cash 2 _____ Check 2# _____ Cash 4 _____ Check 4# _____

Credit Card _____ Exp. _____ Code _____

Staff Member Reservation Confirmed: _____ Date Reservation Confirmed: _____