



BIRTHDAY SKATE

DATE: _____
DAY: _____
TIME: _____

Parent's Name: _____ Phone: _____
Address: _____ City: _____ Zip Code: _____
B-Day Child's Name: _____ Shirt Size: _____ Age: _____
Type of Party: **STANDARD** **DELUXE** / **PARTY ROOM**
Anticipated Number of Skaters: _____ (Minimum 10)
Birthday Cake: _____ Cake Size: _____ Cake Price: _____

Booked By: _____ Date: _____
Deposit Rec'd. By: _____ Date: _____

STANDARD PARTY.....	@ _____	= \$ _____
DELUXE PARTY.....	@ _____	= \$ _____
EXTRA SKATERS.....	@ _____	= \$ _____
EXTRA DRINKS.....	@ _____	= \$ _____
EXTRA HOT DOGS.....	@ _____	= \$ _____
EXTRA PIZZA.....	@ _____	= \$ _____
EXTRA HAMBURGERS	@ _____	= \$ _____
EXTRA CHEESEBURG..	@ _____	= \$ _____
OTHER _____	@ _____	= \$ _____
BIRTHDAY CAKE.....		= \$ _____
	SUB TOTAL	= \$ _____
	DEPOSIT	= \$ _____
(Party Room \$25.00)	TOTAL DUE	= \$ _____

CASH CHARGE MGR _____ **TOTAL** = \$ _____



CHECKS WILL NOT BE EXCEPTED FOR THE BALANCE. THE BALANCE MUST BE PAID BY CASH OR CREDIT CARD (VISA, MASTER CARD, AMERICAN EXPRESS). SEATING IS DETERMINED BY DATE OF DEPOSIT.



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