



Party Information

Date: _____

Time: _____

Please circle the package you would like.

| | | |
|-----------|-----------|---------|
| Base | 1 ½ Hours | 2 Hours |
| Ultimate | 1 ½ Hours | 2 Hours |
| Extreme | NA | 2 Hours |
| Nerf Wars | 1 ½ Hours | NA |

Payments:

Amount: _____ Date Paid: _____ Balance Owed: _____
(Cash, Check, CC)

Amount: _____ Date Paid: _____ Balance Owed: _____
(Cash, Check, CC)

.....

Child's Name: _____

Parent/Legal Guardian: _____

Age: _____ DOB: _____ Phone: _____

Email _____

Home Address: _____

Number of guest expected to attend: _____

Additional Information:

