



THE ATHLETIC ZONE

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Birthday Party Registration Form

Birthday Guest: _____ Age: _____ # Guests: _____

Parent Name(s): _____ Email Address: _____

Address: _____ City: _____

Cell #: _____ Alternate #: _____ Describe: _____

Date of Party: _____ #1 Time request: _____ #2 Time Request: _____

Package Choice

Basic (\$150) - 2HR	Super (\$200) - 2HR	Elite (\$250) 2HR
Choice of Party Area <input type="checkbox"/> Front Cage Area <input type="checkbox"/> Back Turf Area <input type="checkbox"/> Two Cage Add-on: \$25/hr addt'l <i>Helmets & Bats supplied by party guests</i>	Choice of Party Area <input type="checkbox"/> Front Cage Area <input type="checkbox"/> Back Turf Area <input type="checkbox"/> Two Cage Add-on: \$25/hr addt'l <i>Helmets & Bats supplied by party guests</i>	Choice of Party Area <input type="checkbox"/> Front Cage Area <input type="checkbox"/> Back Turf Area <input type="checkbox"/> Two Cage Add-on: \$25/hr addt'l <i>Helmets & Bats supplied by party guests</i>
Choice of Two Activities: <input type="checkbox"/> Wiffle Ball <input type="checkbox"/> Dodge Ball <input type="checkbox"/> Kick Ball <input type="checkbox"/> Soccer	Choice of Two Activities: <input type="checkbox"/> Wiffle Ball <input type="checkbox"/> Dodge Ball <input type="checkbox"/> Kick Ball <input type="checkbox"/> Soccer	Choice of Two Activities PLUS Workout: <input type="checkbox"/> Wiffle Ball <input type="checkbox"/> Dodge Ball <input type="checkbox"/> Kick Ball <input type="checkbox"/> Soccer <input checked="" type="checkbox"/> 45 Min. YAD Workout
Paper Products Needed <input type="checkbox"/> NO <input type="checkbox"/> YES, If Yes, chose 2 colors: (Blue / Red / Yellow / Black / Pink / Purple)	Paper Products Needed <input type="checkbox"/> NO <input type="checkbox"/> YES, If Yes, chose 2 colors: (Blue / Red / Yellow / Black / Pink / Purple)	Paper Products Needed <input type="checkbox"/> NO <input type="checkbox"/> YES, If Yes, chose 2 colors: (Blue / Red / Yellow / Black / Pink / Purple)
Choice of Food / Drink: (Circle Choice) <input type="checkbox"/> Subway: Turkey / Ham <input type="checkbox"/> 3 Pizzas: Pep / Sausage / Cheese <input type="checkbox"/> Drinks: Water / Gatorade	Choice of Food / Drink: (Circle Choice) <input type="checkbox"/> Subway: Turkey / Ham <input type="checkbox"/> 3 Pizzas: Pep / Sausage / Cheese <input type="checkbox"/> Drinks: Water / Gatorade	Choice of Food / Drink: (Circle Choice) <input type="checkbox"/> Subway: Turkey / Ham <input type="checkbox"/> 3 Pizzas: Pep / Sausage / Cheese <input type="checkbox"/> Drinks: Water / Gatorade
ADDITIONS: <input type="checkbox"/> Corn Hole (2): \$20 <input type="checkbox"/> Pitching Machine: \$15 <input type="checkbox"/> Ladder Golf: \$10 <input type="checkbox"/> Spike Ball: \$10	ADDITIONS: <input type="checkbox"/> Corn Hole (2): \$20 <input type="checkbox"/> Pitching Machine: \$15 <input type="checkbox"/> Ladder Golf: \$10 <input type="checkbox"/> Spike Ball: \$10	ADDITIONS: <input type="checkbox"/> Corn Hole (2): \$20 <input type="checkbox"/> Pitching Machine: \$15 <input type="checkbox"/> Ladder Golf: \$10 <input type="checkbox"/> Spike Ball: \$10
Above Pricing: 10 guest limit # Additional Guest: _____ x \$12/guest	Above Pricing: 10 guest limit # Additional Guest: _____ x \$15/guest	Above Pricing: 10 guest limit # Additional Guest: _____ x \$20/guest

Office Use Only

<input type="checkbox"/> Basic Package Cost: \$ _____	<input type="checkbox"/> Super Package Cost: \$ _____	<input type="checkbox"/> Elite Package Cost: \$ _____
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Payment Type: Cash / Check #: _____ / MC/VISA #: _____

Name: _____ Exp: _____ CVC: _____

Deposit: \$ _____ (20%) OR Paid in Full

Waivers sent to Host Parent

Staff Initial: _____ Date: _____

All Participant Waivers in Day of Party: Total # Participants _____

Staff initial: _____ Date: _____

Staff initial: _____ Date: _____