

Party Date: _____ Party Time: _____

The Athletic Edge Party Reservation Form

The Athletic Edge
1379 Madison St. NE
Salem, OR 97301

Phone: 503-361-2344, Fax: 503-361-2264

2 hour party: \$120.00 (for up to 10 children)

At our parties you have access to all of our fun equipment:

Foam pit, trampolines, and much more!

Athletic Edge will supply (please circle all that you want - included in the price)

Balloons Tablecloths Plates Napkins Silverware

ALL OF THE ABOVE

PARENTS NAME: _____ CONTACT #: _____ Todays Date: _____

ADDRESS _____ CITY _____ ZIP _____

CHILD'S NAME: _____ BIRTHDAY AGE: _____ AGE RANGE: _____

APPROX. # OF CHILDREN _____ ADDITIONAL INFO: _____

We must have a Waiver Signed by the legal guardian of Each child in order for them to be on the equipment.

- An \$80.00 deposit is required in order for us to hold your reservation, and a 48 hour notice of cancellation is required in order to receive a full refund.
- No clothing should be worn that has buttons or zippers on them in order to not damage our beams and bars, and to keep the kids safe.
- Your \$120.00 payment covers 10 children. More then 10: you pay \$12.00 for each additional child. Remaining balance due on day of party (payable in cash or check to party host).
- Your \$120.00 payment also covers 2 hours of rental time. You may come 15 minutes early if you need to set up ahead of time. Please be done with all birthday party activity at the end of your 2 hour time slot, which includes cake and present time.
- No adults are allowed on any equipment at any time.
- Birthday Party Coach will contact you the Friday evening before your party.

I have read the above information, and I understand and will abide by each item listed.

Print Name: _____ Signed: _____ Date: _____

FOR OFFICE USE ONLY

I read the above information over the phone to: _____ Date: _____ Time: _____ Signed: _____

DEPOSIT: Check # _____ \$ _____ Or Cash \$ _____ Credit \$ _____ Received on: _____ By: _____

REMAINING BALANCE: # Kids: _____ Balance \$ _____ Check Cash Credit Card Paid \$ _____ By: _____

COACH REQUEST (OPTIONAL): _____

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