



Birthday Boy/Girl: _____ turning _____ years old.

Party Date	Saturday Time Options	Sunday Time Options
	<input type="checkbox"/> 1:00-3:00 pm	<input type="checkbox"/> 1:30-3:30pm
	<input type="checkbox"/> 3:30-5:30pm	<input type="checkbox"/> 4:00-6:00pm
Doors open 20 min prior to start time	<input type="checkbox"/> 6:00-8:00pm	

Parent/guardian Name: _____

Address: _____ City: _____

Phone number: _____ Email address: _____

Check one:	Package	# of Guests	Price
<input type="checkbox"/>	Bronze	15	\$200.00 (\$10 per additional child)
<input type="checkbox"/>	Silver	20	\$ 250.00 (\$10 per additional child)
<input type="checkbox"/>	Gold	25	\$300.00 (\$10 per additional child)

Please Initial ALL below

- ___ Please contact WGC one week prior to party date if party count exceeds amount agreed upon
- ___ WGC will provide one staff member/host, tables, chairs and child seating
- ___ Outside food, drinks, decorations, napkins, plates may be brought in. NO Confetti or Glitter
- ___ I have paid the **non refundable** deposit of \$100 & will pay balance with cash or check ONLY at conclusion of party
- ___ To receive a refund for the deposit, party must be cancelled at least 10 days prior to party date agreed upon.
- ___ Refunds will be in check form ONLY.
- ___ Tips appreciated in cash form only

Signature _____ Date _____

Party contract is NOT valid until office staff has signed below:

Office use: Deposit paid by:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check# _____
<input type="checkbox"/> Credit	_____ exp _____ CVV _____
Date: _____	
Signature of WGC employee: _____	
Balance paid date: _____	by: <input type="checkbox"/> Cash <input type="checkbox"/> Check# <input type="checkbox"/> Credit