

Proehlfic Park Birthday Party

Child's Name _____ Age child will be on his/her birthday _____

Parent's Name _____ Contact Phone # _____ Other # _____

Parent's Street Address: _____ City & Zip _____

Email address: _____ Member _____ or Non-Member _____

(Check the type of birthday party)

_____ **Platinum Birthday Party: Date:** _____ **2 Hr. Time Slot:** _____

_____ **Standard Birthday Party: Date:** _____ **1 ½ Hr Time Slot:** _____

1. Confirm & Circle Price:

Platinum = \$275 non members/\$245 for members on Saturday, Sunday or Holidays.

Platinum Weekday = Monday through Friday are \$245 non-members/\$225 for members.

Standard = \$195 for non members/\$175 for members (Monday – Friday only) (Cake and set-up not included)

2. Additional Options:

Water Bottle Giveaways signed by Ricky Proehl \$2/bottle: #Bottles: _____ x \$2 = \$ _____

Autographed Ricky Proehl Football and Photo \$25.00

Appearance Request of Ricky Proehl \$100.00 *(We do not guarantee that Ricky will be available during your scheduled event. All requests must be approved prior to scheduling the appearance. Once approved appearances are guaranteed.)*

3. Select Activities:

1 ½ hour for Platinum (can be split in 30 min or 45 min sessions in any of these areas)

(select two 45 minute sessions or three 30 minute sessions....specify activity order) *Standard is two 30 minute sessions

_____ Basketball court

_____ Obstacle course

_____ Batting cages

_____ Speed & Agility lesson

_____ Volleyball court

_____ Turf field & Activity: (i.e. soccer, football, Frisbee, kickball, etc.) _____

_____ Outside baseball/softball field

_____ Outdoor multipurpose field.

_____ **Must reserve Mezzanine for the last half hour**

4. Type of Cake:

Choc or Vanilla cake: _____ Choc or vanilla icing: _____ Cake Theme: _____

(cake, plates, napkins, forks, cups, and tablecloth are **not** included in Standard Birthday Party)

(To be filled out by Proehlfic Park Employee)

5. Deposit Needed:

Reservations and a \$50 non-refundable deposit required. *(Date Received _____)*

Check number: _____ Cash: _____ Credit Card Number: _____ Exp. Date: _____

6. Remaining Balance: *To be paid on or before the date of party*

(Date Received: _____ Amount received _____)

Check number: _____ Cash: _____ Credit Card Number: _____ Exp. Date: _____

7. Additional Information:
