

Center Ice Café at the Canton Sportsplex

Date of Party: _____ Name of Child: _____

Day of Party: _____ Age of Child: ____ # of Guests: _____

Start (FIELD) Time: _____ Contact Name: _____

Party Room Time: _____ Address: _____

Moon Walk: Yes No Phone: _____

Tot Toys: Yes No

Referee: Yes No

Name of Ref: _____

Date of Reservation _____ Taken by _____ Spoke with _____

Date of Call Back _____ By _____ Spoke with _____

Additional info: _____

NOTES: _____

Deposit Received: _____ By: _____ CHK CASH

Field Room: \$ _____

Food/Bev: \$ _____

Moonwalk: \$ _____

Toys: \$ _____

Ice Cream Cake: \$ _____

Ref: \$ _____

**Other: \$ _____

** _____ \$ _____

TOTAL \$ _____

(-) deposits: \$ _____

=Balande DUE: \$ _____

Final Payment Method: _____

Received by: _____ Date: _____