

Group Party Booking

	Date of Event (Month/Day/Year) / /
--	---------------------------------------

CONTACT INFORMATION

Organization Name:		How were you referred to us:	
Contact Name:	Primary Phone: ()	Secondary Phone: ()	
Address:		E-mail:	
City, State, Zip:		Contact Notes:	

PARTY INFORMATION

Date of Event: ____/____/____	Event Time:	to
Number of Total People Attending:	Fun Time:	to
	Room Time:	to
Party Notes:		

FOOD INFORMATION

Type of Food:	Food Time:	to
Food Notes:		

BILLING INFORMATION

Item Name/Description	Quantity	Unit Price	Line Total



Make all checks payable to Prime Time FEC.
A 25% deposit is required upon receipt. Balance is due the day of the event.

Subtotal:	
Sales Tax:	
Less Deposit:	
Total:	