

RESERVATION FORM



CONTACT INFORMATION

Party Host Name(s) _____
 Address _____
 City _____ State _____ Zip _____
 Tel _____ Fax _____ Cellular _____
 E-Mail _____

EVENT INFORMATION

Name of Birthday Child _____ Age Turning _____
 Party Date _____ Party Theme _____
 Party Time _____ Party Area _____
 Saturday 11:30 a.m. to 2:30 p.m. Butterfly Garden (outdoor)
 Sunday 11:30 a.m. to 2:30 p.m. Corbin A (indoor)
 Number of Children _____ Number of Adults _____

PRICING

Birthday Package (35 Guest) Select one: <input type="checkbox"/> Basic Birthday Package - \$350.00		\$	
Additional Guest: ____ x \$12.00 each		\$	
Subtotal		\$	
Florida 7% Sales Tax		\$	
Total		\$	
Deposit (Non-refundable after 30 Days)	Date Submitted:	\$	200.00
Balance Due (after deposit)	Date Submitted:	\$	
Cleaning & Damage Deposit (Refundable One Week after Event)		\$	250.00

ACCEPTANCE

I accept the schedule of charges listed above.

 (Signature)

 (Printed Name)

 (Date)

For further information, please contact Nestor Ortiz
 Director of Hospitality Operations
 305-663-8091