



143 E. Main Street
Lake Zurich, IL 60047

847-540-5544

info@homerunsportsandfitness.com

BIRTHDAY PARTY REGISTRATION FORM

Last Name: _____

First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail Address: _____

Date: _____

Party Package: _____ **Member Price:** _____ **Non-Member Price:** _____

Date of Party: _____ **Time of Party:** _____

Number of Participants: _____ **Number of Tables:** _____ **Number of Chairs:** _____

Total Due: _____ **Deposit:** _____ **Balance Due:** _____

Indicate your choice of payment:

_____ Check _____ Cash _____ Charge

Bank Charge Information:

_____ Visa _____ Master Card _____ Discover

Cardholder No. _____

Expiration Date: _____

Signature _____

Notes: