



# The Batting Cage Party Request Form



Mini-Golf	Paddleboats & Kayaks	Hitting Cage	Cage Rental
12 & under \$5.50	\$6 for 20 min	4 tokens \$3.50	\$30 per hour
13 & over \$6.25	\$8.50 for 60 min	10 tokens \$5.50	No rentals between 5pm-8pm
# of Rounds per person _____	# of Boats _____ Begin time _____ End Time _____	Limit per Person \$ _____ Limit for Group \$ _____	

## Party Package Deals

All deals priced for 10 children (17 & under) with the price for each additional child listed.

Package #1	Package #2
\$75	\$100
\$7/additional child	\$9/additional child
1 round of mini golf per child	50 tokens or 1 hr. cage rental
Each child receives: hot dog, chips, small soda and free golf coupon per child	1 round of mini golf per child Each child receives: hot dog, chips, small soda and free golf coupon per child 5 additional tokens for birthday child

### SPECIAL NOTE:

- Those agencies granted a group admission rate shall be required to acknowledge and authorize the method of billing for each date of attendance.
- A participant to supervisor ratio will be required during attendance at the batting cage and its facilities. For youth ages 6 and under the ratio of 5:1 will be required, youth ages 7 to 12 the ratio of 10:1 will be required, and for youth ages 13 and up the ratio of 15:1 is required.
- Youth ages 12 and under must be accompanied by an adult over the age of 18 when using the paddleboats. All paddleboat riders must wear an approved lifejacket at all times.
- All activities are to be completed during the normal hours of operation unless having been granted special permission by the Director of Program Services.

DATE OF USAGE: \_\_\_\_\_ TIME: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_ ESTIMATED # OF PEOPLE: \_\_\_\_\_

NAME OF GROUP (PARENT OR GUARDIAN): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

AGENCY IDENTIFICATION NUMBER/NON-PROFIT TAX I.D.: \_\_\_\_\_

APPROVING SUPERVISOR/CONTACT PERSON: \_\_\_\_\_

AGENCY AUTHORIZED STAFF MEMBERS: \_\_\_\_\_

TOTAL AMOUNT DUE: \_\_\_\_\_ Paid in advance: \_\_\_\_\_ Please send bill: \_\_\_\_\_

STAFF APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_