Group Agreement

Event Date:			Event Start Time:Event End Time:				
Gı	oup Nam	e:	Contact Name: Email:				
Ph	one:		Emai	il:			
A	pproxima	ate#ofGues	ts:	(Minimum o	f 10)		
M	y guests ar	e paying individ	dually 🔲 <u>OR</u>	I am responsibl	e for payment o	of all my guests 🔲	
<u>E</u> \	ent Pack	kage:					
		Mon Fri. 9am - 5pm	Mon Thurs. 8:30pm - Close	Friday 9pm - Close	Sat Sun. Open –5pm	Sat Sun. 5pm - Close	
	I Hour	\$8	\$10	\$10.99	\$8	\$10.99	
	2 Hours	\$12	\$12	\$14.99	\$12	\$14.99	
 3. 4. 6. 7. 	You have according Your lane start time If at your order to I You will r Your lane time. Your deport	been made awa ly s (Or any of you start time you v hold the lanes not be given a re s will shut off at osit will be cred	fund once lanes h the scheduled en ited to the total a	inimum (10) and keep will not be held not in use, you not ave been held and ding time. Late cond is non-refund	now that you win 15 minutes past nust pay for 4 ped individuals do not reduced the comers will not reduced the comers.	the scheduled ople per lane in not show ceive additional	
8.	All food packages must be ordered and paid for in advance. Any changes to quantity or package, must be done a minimum of 48 hours in advance. Food packages must be pre-arranged, if not, standard price applies						
Signature:				Date	Date:		
		(STAFF O	NLY - DO NO	TWRITE BEL	OW THE LIN	E)	
Deposit Amount: \$			Date:	Initial:			

Please e-mail the completed form to krislyn@bandblanes.com