

RESERVATION AGREEMENT



Birthday party for: _____

Date of Party: _____

Male or Female Age: _____

Number of guests: _____
(maximum 12)

Parents name: _____

Choose a time:

Address: _____

12:30 pm to 2:00 pm _____

3:30 pm to 5:00 pm _____

Home phone: _____

Sunday - 1:00 pm to 2:30 pm _____

Cell phone: _____

Sunday - 3:30 pm to 5:00 pm

Email: _____

*other times may be available, please ask

GREENE'S BIRTHDAY PARTY PACKAGE

Includes 1 1/2 hour party for up to 10 guests with a maximum of 12 (see terms of the agreement on the other side) including plates, napkins, cups, utensils, table cloth, juice box or bottled water or 1/2 and 1/2 (one per child - circle one), set up and clean up

Also includes:

Balloons

Demonstration of candy making

Greene's Team Member to assist you and your guests during your event

Children will choose a mold and make chocolate lollipops (2 each)

craft making activity (see below)

10 invitations (additional invites \$3 each)

Choose your activity (choose one):

Make a candy necklace _____

Decorate chocolate covered Oreos (2 each) _____

Decorate chocolate covered Nutter Butters (2 each) _____

Write your name with Peanuts, Jelly Bellies, or Pokies _____

Other goodies you can add:

Custom Cupcakes - \$45 per dozen available in many amazing flavors (menu upon request) (additional cupcakes - \$4.00 each)

Assorted Coca Cola Products and Water - \$1.39 - \$1.69 each

Make Your Own Ice Cream or Frozen Yogurt Sundae Bar (includes small cup and selection of toppings and sauces) - \$5.00 each

Greene's Gift Cards in any denomination so your guests can make their own goody bags of candy

Goody bags by Greene's are also available, contact us for more information

Character or Clown appearances are available upon request

Greene's contact information:

Address - 141 East Trinity Place, Decatur, GA 30030

Party coordinator - Katie Moss (katie@greenesfinefoods.com)

Phone - 404.378.2001

Basic Package: \$250.00

Total other goodies: \$ _____

Total cost: \$ _____

IMPORTANT!!! Your reservation is not complete until a deposit of 50% has been received. Deposit must be paid within 48 hours of receiving this agreement in order to reserve the room, date, and time. (credit cards accepted) Cancellations must be received 14 days prior to your reservation. We look forward to having your special event at Greene's!

(see other side for terms of the agreement)

TERMS OF THE AGREEMENT

Please take a moment to review the following items...Initial next to each item indicating that you have read and agree to the terms of this agreement.

- _____ 1 A 50% deposit is due in order to reserve the party room for the date and time you requested - deposit is due within 48 hours of submitting this reservation agreement. Cancellations must be made 14 days in advance of your scheduled date or your deposit is forfeited. \$35.00 fee for all cancellations.
- _____ 2 Parent(s) please arrive 15 to 30 minutes before your scheduled party time - upon arrival give a list of names/number of guests that have confirmed they will be at the party
- _____ 3 We do not allow parties where guests are dropped off...please make sure you have at least 1 parent per 2 to 3 guests.
- _____ 4 There will be a charge of \$25 per additional guest above 10 guests
- _____ 5 We allow outside food to be brought into our party room, however, no warming devices requiring electricity are allowed.
- _____ 6 All food and drink shall be consumed in the party room.
NO FOOD OR DRINK IS ALLOWED IN THE STORE.
- _____ 7 All parties are scheduled to allow time for our staff to be able to clean and set up the party room for the next guests. You are expected to be out of the party room within 15 minutes after the scheduled end time for your party. A failure to leave by this time will require additional fees.
- _____ 8 Any special requests or changes to the party including themes, color choices, etc. must be made 72 hours prior to the scheduled time of your party
- _____ 9 Remaining balance due shall be paid at the completion of the party including any additional costs incurred during the party.

STAFF INITIAL	AMOUNT	DATE	PAYMENT METHOD (CIRCLE ONE)						
DEPOSIT _____	\$ _____	___/___/___	VISA	MC	AMEX	DISC	CASH	CHECK	
BALANCE _____	\$ _____	___/___/___	VISA	MC	AMEX	DISC	CASH	CHECK	