



BIRTHDAY PARTY RESERVATION FORM

PLEASE PRINT

Parent/Guardian Name:

Birthday Child's Name:

Mailing Address:

City/State/Zip:

Age Birthday Child is Turning:

Day Phone:

Evening Phone:

Cell Phone:

Email Address:

Date of Visit:

Rain Date:

Reservation Time:

Serving Time:

Chocolate or Vanilla Cake: _____

Chocolate or Vanilla Icing: _____

Anticipated Meal Count:

A 25% deposit is required to hold your reservation date. We accept personal checks if received two weeks in advance of visit. We accept money orders and MC, Visa or Discover.

Please fill in the following:

Minimum for a birthday party is 10 people.

_____ Admission Tickets (all ages) @ **\$27.50** each = \$ _____

_____ Admission Tickets @ **\$19.00** each = \$ _____
(eating-only tickets)

Total: \$ _____

Make check or money-order payable to: Splash Zone Water Park

Mail orders to: Splash Zone Water Park Group Sales
P.O. Box 1649
Wildwood, NJ 08260

Fax orders to: Splash Zone Water Park Group Sales
609-523-2734

Splash Zone Water Park Credit Card Authorization

Cardholder's Name:

Billing Address:

City/State/Zip:

Day Phone:

Evening Phone:

Email Address:

Credit Card Number:

Expiration Date:

Security Code (when applicable):

I authorize Splash Zone Water Park to charge the amount of \$_____ to the
account above to be used for_____.