



Address: 1030 Fremont Ave., So. Lake Tahoe, CA 96150

Phone: (530) 544-3700

Fax: (530) 544-3703

E-mail: tahoebowl@gmail.com

Date of Party: _____

Party Contract

Pricing

Bowling Only Package: *Monday thru Thursday: \$50.00 per lane for 2 hours of bowling

***Friday and Saturday: \$70.00 per lane for 2 hours of bowling**

***Sunday: No Parties**

Pizza and Bowling Package: *Monday thru Thursday: \$60.00 per lane for 2 hours of bowling, 1 large Cheese Pizza, 1 Pitcher of Soda.

***Friday and Saturday: \$80.00 per lane for 2 hours of bowling, 1 large Cheese Pizza, 1 pitcher of soda.**

***Sunday: No Parties**

All party packages include shoe rental and 2 hours of bowling. The bowling and pizza packages also include 1 large cheese or pepperoni pizza and 1 pitcher of soda for each lane up to 6 bowlers. You may upgrade your pizza from cheese for an additional charge. **Initials** _____

Outside food and beverage policies: No outside food or beverages will be allowed at any time. Birthday Cake (or cupcakes) and ice cream are allowed only with a signed party contract. Tahoe Bowl does not have refrigeration or freezer space to store cake or ice cream so please plan accordingly. **Initials** _____

*****A \$10.00 cleaning fee per lane shall be charged at the end of the party when you check out; if Center Management inspects the area you occupy and deems it necessary.***** **Initials** _____

**** Parties are charged on an hourly basis:** The charge is based on the amount of time you occupy the space (lanes, tables, etc.). Time **begins when check in** at the front desk for your party and **ends when you check out.** All time occupying the space (lanes, tables, etc.) beyond your scheduled time shall be charged at a pro-rated amount based upon the lane costs. **Initials** _____

Party Favors: No piñatas, party poppers, noisemakers, or glitter allowed in bowling center at any time. Birthday signage is ok with center management’s approval. **Initials** _____

*****All Cancellations require a 7 day advanced notice or entire deposit shall be forfeited. Party Cancellations:** Cancellations received in a timely manner (7 days or more prior to party) shall incur a \$25.00 processing fee. Any parties cancelled after 7 days shall forfeit entire deposit for party. All deposits shall be held at Tahoe Bowl in the form of a Gift Card and kept on file. **Initials** _____



Address: 1030 Fremont Ave., So. Lake Tahoe, CA 96150

Phone: (530) 544-3700

Fax: (530) 544-3703

E-mail: tahoebowl@gmail.com

Party Contract

Date: _____

Number of Lanes: _____

Time: _____

Number of Bowlers: _____

Please check box for type of party:

Bowling Only Party

Bowling/Pizza Party

Total Cost of Party: \$ _____

Total Deposit Due: \$ _____

Thank you for selecting Tahoe Bowl, Tahoe’s Favorite Family Fun Center, for your special event. If you have any additional questions please feel free to contact one of your friendly staff members.

If all of the above arrangements meet with your approval please signify your acceptance of these terms and conditions by filling out all information below and initialing and signing all spaces on contract. In order to reserve your space for your party on a definite basis this contract and the 50% deposit must be received within 2 weeks prior to the date of your party. All parties are subject to availability of lanes so please be sure to verify lane availability on the date you wish to host your party before reserving.

Customer Information

Name: _____

Phone Number: _____ **E-mail:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Customer Signature **Date** **Tahoe Bowl Representative** **Date**

X _____

X _____

Tahoe Bowl
1030 Fremont Ave.
South Lake Tahoe, CA 96150
530-544-3700
Fax 530-544-3703

AUTHORIZATION REQUEST

Name / Group Name: _____

Party Date: _____

Has Party Contract been signed and returned to Tahoe Bowl: (Yes) or (No)

BILLING INSTRUCTIONS

Credit Card #: _____

CVC Code# on back of card (American Express number is on front of card): _____

Expiration Date (mm/yy): _____

Card Holders Name: _____

Billing Address: _____

Mailing Address (if different): _____

Telephone #: _____ Fax #: _____

I am an authorized signatory on the above credit card & I agree to pay _____

(Authorized \$ Amount)

Signature _____

Date _____

**Please fax completed form and photocopy of the Front & Back of the credit card to *Tahoe Bowl* –(530)544-3703
(please make sure that photocopy is not too dark and all information can be read)**