

CENTRE CELEBRATIONS

COME ONE COME ALL
TO THE GREATEST PARTY OF ALL

Centre staff to assist in set up, clean up, and during the party

2 hour party with use of private party room entire duration

10 guests are included in the party

\$100 for Centre Members

\$125 for Community Participants

Visit www.nracentre.com/ytf/centre-celebrations for more information.



For more information please contact Kyron Cauldero,
Aquatics Manager, at
kcauldero@nracentre.com or 715-243-0850.

425 E 5th St
New Richmond WI 54017
715-246-2252
www.nracentre.com
47212-KC



Party Request Form

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CONTACT & PARTY INFORMATION

Guest of Honor Name _____ Age Celebrating _____ Child: Centre Member
 Community Participant

Party Date _____ Party Time **Fri:** 5:00 PM
Sat/Sun: 11:00 AM 12:00 PM 1:45 PM
 (If you choose swimming, pool time will be in the second hour of your party.)

Number of Guests Youth: _____ Adult: _____ (10 guests are included in price)

Parent/Guardian First & Last Name _____ Phone _____ Email _____

Address _____ City _____ State _____ Zip _____

How did you hear about the Centre's Party Packages? Program Guide Website Bulletin Board
 Facebook Lobby TV Friend
 Other _____

PARTY DETAILS

PARTY

\$100 for Centre Members
 \$125 for Community Participants

Party Price \$ _____

BUILD YOUR OWN PARTY ADDITIONS

Additional guests \$5 per additional guest x _____ = \$ _____ **Add Guests** \$ _____

1 hour swimming per 10 guests \$25 **Swim Price** \$ _____

10 Hot Dogs (condiments included) \$20
 10 Corn Dogs (condiments included) \$25
 10 Bags Mini Donuts \$50
 10 Bags Popcorn \$10
 10 Nachos w/Cheese \$30
 10 Pretzels w/Cheese \$40

Food Price \$ _____

Soda \$1 per can x _____ = \$ _____
 Water \$1 per bottle x _____ = \$ _____
 Slushie \$2 x _____ = \$ _____

Beverage Price \$ _____

Subtotal \$ _____
Purchase Total \$ _____
Security Deposit \$ (_____)
Amount Due \$ _____

Parties must be reserved 2 weeks in advance and require a \$25 deposit. Changes to party with less than 48 hour notice is subject to a \$25 processing fee.

Adult or Parent/Guardian Signature _____ Date _____

CENTRE USE

Payment Type	Date Paid	Emailed confirmation and waiver
Payment Amount	Processed By	Audited By