DEWITT FITNESS CENTER BIRTHDAY PARTY ORDER FORM

CHILD'S NAME:				
PARENT NAMES:				
DFC MEMBER?	Yes - \$150 No	- \$160 AGE TO	D BE (<u>kindergarten m</u>	inimum):
ADDRESS:				
CITY:				
ZIP CODE:				
PHONE NUMBER:				
TOTAL GUESTS:				
DATE OF PARTY:				
TIME OF PARTY:	5:00 pm Friday	4 <u>:00 pm Satur</u>	day 3:00 pm Sunda	У
KIND: Sausage Pepperoni Cheese Canadian Bacon Other (list specifical SODA POP: 3 - 2-L KIND: Pepsi Diet Pepsi Mt. Dew Other (list specifical	iter Bottles of Pep QUANTITY: ———		ost for more than 1 to Additional 2 litre bottle	
White Cake with White Cake with Chocolate Cake with Chocolate Cake with Marble with Chocolate White F	hite Frosting nocolate Frosting h Chocolate Frosti h White Frosting ate Frosting Frosting		Additional cakes are	\$10 each <u>)</u>
Member \$150 or Non M Additional Pizza @ \$10 Additional Soda @ \$3 e Additional Cake @ \$10 TOTAL	lember \$160 each each	For Staff Purpose	es only To be paid at time	of booking