

Blitz Party Event Agreement

Requested Date: _____ 2015 2016 2017 Event Start Time: _____ A.M / P.M.

Venue: Church Auditorium Civic Auditorium Youth Room Other

Church Info:

Name:

Street:

City, State, Zip:

Church phone:

Church fax:

Contact Name:

Name:

Mobile number:

Email address:

Event Location (if different from above): _____

_____ I agree to the total cost of \$_____ (\$900 non-refundable deposit and \$_____ event fee)

I understand that if I cancel MashUp within 30 days of the event date the church is responsible for the full event fee.

Print Your Name: _____ Position: _____

Signature: _____ Date: _____

\$900 Deposit Secures the Date

Check payable to Kidz Blitz

Card Number: _____ Expiration Date: ___/___(Month/Year) Security Code _____

Billing Address (required): _____

Signature: _____ Print name: _____

Comments: