



Birthday Party Deposit Form

Today's Date: _____ Time: _____

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Requested Party Date and Time: _____

*Interest form needs to be submitted online or in person/in-writing before this form is to be filled out)

Policies

*Due to the nature of the theater industry, your requested movie and start time may differ. Movie bookings and schedules are determined the Tuesday prior to your party, and may cause movie or time changes up to 60 minutes. This may cause the timeline or duration of your party to change. Your final movie choice and start time will be confirmed the Monday prior to your event. We cannot guarantee movie availability.

***Showtimes will be available Monday afternoon prior to your party (exceptions for Holidays)**

*Minimum charge of \$150 (10packages x \$15) applies to all parties

*No outside food or drinks (except cakes/cupcakes; and goody bags to be handed out upon leaving)

*\$25 Deposit will be due one-week prior to event

*Upon receipt of Interest form submitted on Website, we enter parties into our Calendar as "Tentative." If deposit is not received one-week prior to event date, then your spot will be bumped to allow for another party to move up the line.

*Deposit will only be refunded in the situation that a Hollywood Studio pulls a given movie that you are wanting to see and there are no other options available.

*We can't promise that requested times will be matched exactly, but we will do our best.

*Parties may choose to pay for other children's parent's seats or have the other parents pay for their own tickets. We will block off the number of seats requested (max 30), any parent wishing to sit with the kids needs to be included in this count, and any not included will be responsible for finding their own seat.

*Parents sitting with the party in the blocked section of seats will be required to pay the regular general admission rate (not the reserved seating rate, if applicable).

Ways to Pay Deposit

1. Come in and pay directly at Box Office with a Manager.

2. Call 254-939-5050 and pay over the phone (Ask for a manager).

3. Fill out the Credit Card Info below and scan/email to gatevents@grandavenuetheater.com

Name on Card: _____ Type of Card: _____

Card Number: _____ Exp: _____

CVV (Three or four digits on Back of Card): _____

*By filling out the Credit Info above and signing below, I am authorizing Grand Avenue Theater to charge my card the designated amount stated in the Policies above, and understand the above stated policies.

Signature _____ Date: _____