

NAME OF BIRTHDAY CHILD:		AGE (on birthday):
REQUESTED DATE OF PARTY:	REQUESTED TIME:	
PARENT/GUARDIAN NAME:		
ADDRESS:		
PHONE:	EMAIL:	

SPECIAL NOTES

BIRTHDAY PARTY POLICIES

A \$50 non-refundable deposit is due to hold your reserved party date. The balance due is payable prior to the party and is non-refundable. In the event that your party is postponed due to illness or other emergency, you may reschedule your party within 60 days at no additional cost. If you do not reschedule within 60 days your payment will be forfeited.

Date: _____ Signature: _____

OFFICE NOTES