



Birthday Child's Name: _____ Age: _____

Parent/Guardian Name _____

Address _____

Postcode _____ Contact Number _____

Email: _____

Date of Party _____ Time _____ No of Guests _____

Have you hired/ordered any services from third party suppliers Yes No

If yes please specify name and contact number for supplier

Do you have any special requirements (please specify)

Have you read and signed our party booking guidelines Yes No

For office use only:
Form fully completed Yes Deposit Paid Yes

Attached copy of terms and conditions Yes