

Admin Use Only
Payment –
Non-Refundable \$150
 Paid _____



Birthday Party Contract

Participant Information:

Name: _____ Nickname: _____
Birthdate: _____ Age (on Birthday): ____ Gender: ____

Parent/Guardian Information:

Name: _____ Relation: _____
Email Address: _____
Address: _____ City: _____ ZIP: _____
Home # _____ Work # _____ Cell # _____

Party Info

Date: _____ Time: _____
Approximate Number of Participants: _____
Approximate Number of Parents Attending: _____

By making a non-refundable payment you are guaranteeing the day and time of your party. Please note that the base rate of \$150 includes up to 10 participants, each additional participant will cost \$5.

Parent/Legal Guardian

Signature: _____ Date: _____