

# BOOKING FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Age on Birthday: \_\_\_\_\_

Date of party: \_\_\_\_\_

Time of party: \_\_\_\_\_

Party topic: \_\_\_\_\_

Maximum number of children: \_\_\_\_\_