

**BIRTHDAY PARTY
REQUEST FORM**

Child & Contact Information:

Child's Name: _____ Age: _____ Date of Birth: _____

Contact Person: _____ Relationship to Child: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Party Package Choice:

- Swim Party Preschool Gym Party School Age Gym Party Gymnastics Party
 Bounce House Gym Party Dance Party

Preferred Party Date: _____ **2nd Choice Party Date:** _____

Time: 1:00-3:00PM

*** You will be contacted by phone or email to discuss AND confirm party details within 48 business hours.**

****Party dates are reserved on a first come first serve basis. Full payment is expected at confirmation.**