|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parents/Guardian’s Name:** |  | | | |
| **Mobile:** |  | | | |
| **Address:** |  | | | |
| **Email Address:** |  | | | |
| **Child’s Name:** |  | | | |
| **Age Child is Turning:** |  | | | |
| **Number of Participants**  $25 per child.  (min. total of $250 / 10 children) | **Parents:** | **Children:** | | **Total:** |
| **Requested Booking Information:** | **Date:** | | **Time:** | |
| **Birthday Party Program**   * Programs run for approximately 2 hours depending on numbers. * Party Bags are Included in package. | **Party Itineray**  **Activity 1**  Boomerang Painting  **Activity 2**  Dreaming Story and Tools  **Acivity 3**  Boomerang Throwing & Animal Feeding  **Activity 4**  Party Games | | | |
| **EXTRAS** | **Cadbury Fredo Ice Cream Birthday Cake $20 □**  **\*NOTE** candles included. | | | |
| **Special Requirments:**  (access,allergies,special needs) |  | | | |

***Office Use Only***

***Final Number of Participants: \_\_\_\_\_\_\_\_\_\_ Client Code \_\_\_\_\_\_\_\_\_\_\_***

***INVOICE NO.: \_\_\_\_\_\_\_\_\_\_\_ INVOICE DATE: ­­\_\_\_\_\_\_\_\_\_\_\_***