



BIRTHDAY PARTY BOOKING FORM

NAME OF BIRTHDAY CHILD

ADDRESS POSTAL CODE

CITY/TOWN TELEPHONE FAX

EMAIL ADDRESS

DATE OF PARTY CONTACT PERSON

NUMBER OF CHILDREN NUMBER OF ADULTS

PLEASE CONFIRM NUMBER ATTENDING 3 DAYS BEFORE PARTY

AGE OF GROUP NUMBER OF BOYS NUMBER OF GIRLS

MONKEY PACKAGE HOST REQUIRED(\$75/3 HRS)

ARRIVAL TIME DEPARTURE TIME

SPECIAL NOTES

FOR OFFICE USE

GUIDE

Adults @ \$ = \$

Child @ \$ = \$

TOTAL @ \$ = \$

LESS DEPOSIT \$

TOTAL \$

Paid by: Cash, Cheque, C.C, To be Billed - Invoice given Y N