



BIRTHDAY BOOKING FORM

Child's Name:	Parent's Name:
Date of Birth (mm/dd/yyyy):	Age:
Address:	
City:	Postal Code:
E-mail:	Home Phone:
Work Phone:	Mobile Phone:
Party Location (if different than home address):	
City:	Postal Code:
Location Phone:	Date/Time of Party:
Number of children expected:	Age range of children expected:
Party Theme:	

How did you hear about us?

- Website Ad (which one) _____
- Brochure Event (which one) _____
- Friends/Family (who) _____ Other _____

Payment Information:

A non-refundable deposit of \$50 is due at time of booking. There will be a \$25 fee for NSF cheques.

Method of payment:

- Cash Cheque (made payable to Sing)

Amount enclosed _____

Agreement:

I understand that parent/caregiver participation is mandatory for each child under the age of 4 and highly recommended for children age 4 and up. Extra travel fees may apply based on party location. Final balance is due on date of party.

Date _____ Signature _____

Mail to: Mandi Galer, 1250 Mississauga Valley Blvd, Unit 164, Mississauga ON L5A 3R6