□ **Themed Party** **(List theme)**_____ □ **Generic**	BIRTHDAY PARTY CHECKLIST

Child's Name:

Parent's Name:

Age of Child:	**Contact Phone #:**
Number of Anticipated Guests:	**Date of Party:**

Cake (select one): Chocolate □ Vanilla □

Icing (select one): Chocolate □ Vanilla □

Beverages (select): Juice □ Soda □ Water □

Theme Party Accessories:

PLEASE CALL FOR AVAILABILITY. THIS FORM IS TO BE FILLED OUT ONLY AFTER A RESERVATION HAS BEEN APPROVED AND BOOKED BY OUR BOX OFFICE.