

# Birthday Party Enquiry Form

Customer Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mob No: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Date required: \_\_\_\_\_ Time: \_\_\_\_\_ Alternative Date: \_\_\_\_\_

Preference: Weekday / Weekend (delete as applicable)

Type of party required: \_\_\_\_\_

Estimated number of children attending: \_\_\_\_\_ Age range: \_\_\_\_\_

Best time for returned call: \_\_\_\_\_

## Office Use

Returned call: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Party Booked: Yes / No

Date of booking: \_\_\_\_\_ Time: \_\_\_\_\_

Payment / Deposit Received: Yes / No      Booking form sent: Yes / No

Booked on system: Yes / No      Confirmation sent: Yes / No