



# BIRTHDAY PARTY BOOKING FORM

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: \_\_\_\_\_

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

Birthday Age: \_\_\_\_\_

Party Date: \_\_\_\_\_

1st choice: \_\_\_\_\_ Time: \_\_\_\_\_

2nd choice: \_\_\_\_\_ Time: \_\_\_\_\_

# of guests (including birthday star): \_\_\_\_\_

Party Theme: \_\_\_\_\_

Send form with your deposit of \$100.- to:  
the Children's Arts Corner, 1403 Mass. Ave., Lexington MA 02420