

NHG BIRTHDAY PARTY FORM

Parent Name: _____ Phone: _____ Cell: _____

Address: _____ State: _____ Zip: _____

Birthday Child's Name: _____ Sex: _____ Age: _____

Party Date: _____ Party Time: _____

Expected Number of Children Attending: _____

3 Colors of Choice for Decorations: 1. _____ 2. _____ 3. _____

I understand that the length of the party and the number of children attending the party determines the Total Cost of the Birthday Party. I agree to pay the \$50 deposit to book the party and the remaining balance in full on the day of the Party. I further understand that if fewer children attend the Birthday Party than originally stated, the initial price is still payable in full. I also understand that there is a \$5/child extra fee for more than 10 participating guests.

Initial Party Cost (\$200 for 1-1/2hrs or \$250 for 2 hrs for birthday child and 10 participating guests, 2 & under free): \$ _____

Less Deposit: \$ _____ Plus \$5/extra child: \$ _____ Balance Owed: \$ _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

DEPOSIT:

Date Paid: _____ Cash, Check or Venmo: _____ Amount: \$ _____

PAYMENT FOR PARTY:

Date of Party: _____ Cash, Check or Venmo: _____ Amount: \$ _____