

Request for Birthday Party

Requested Dates: _____

Requested Times: _____

Number of Children: _____

Age of Children: _____

Number of Adults: _____

Any Special Needs? _____

Parents Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Childs Name: _____ Childs age: _____

Contact Phone: _____ Email: _____

Requested Party Package: _____

..... *Office use only*

STAFF	HOURS	NOTES

Approved _____ Class Software: _____ Firm: _____

Contract Emailed	Signed Contract Received	Deposit Paid	Balance Paid

Reply to: Cindi T Dulgar @ cindi@csus.edu or (916) 278-2842