



# Party Reservation Form

To serve you better, please fill the following information as detail as possible.

Please confirm the time & date availability with us before selection

Your name: \_\_\_\_\_

Name of the birthday kid: \_\_\_\_\_

Age of the birthday kid: \_\_\_\_\_ Date of the party: \_\_\_\_\_

Time slot of the party: ☐ 10:30-12:30 ☐ 1:00-3:00pm ☐ 3:30-5:30pm ☐ 6:00-8:00pm

Number of guest kids: \_\_\_\_\_ Number of guest infants  
require high chair: \_\_\_\_\_

Party room selected: \_\_\_\_\_

Food package selected: \_\_\_\_\_

Contact Phone No.: \_\_\_\_\_

Contact email add: \_\_\_\_\_

How did you hear from us: \_\_\_\_\_

Any special request: (15 Days Before Party Date)

\_\_\_\_\_

*Thanks for considering us and we will work hard to make your birthday party fantastic!*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_