



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: _____

Deposit: ☐ \$100 ☐ \$200 Payment Method: ☐ EMT ☐ Cash ☐ CC

EMT: joyouswoodbridge@gmail.com

Any special request: _____

Any cancellations at least 15 days before the scheduled party date will be eligible for a full refund

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

Signature: _____ Date: _____