



# 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: \_\_\_\_\_