Children's Party Request Form

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Then press tab or cli	d to be filled in on a co ick in the next box. Ho e Acrobat Reader. The	wever this will only wo	rk if you have ar	app with	
Name of parent	t				
Contact details					
Address					
Email					
Phone: Home		Mobile			
Date of Party					
Day	Date	Month		Year	
Start Time					
Workshop Dura	tion 1 hour	1½ hours	2 hours		
Tea required? (a	allow extra 30 mi	ns)			
Finish Time					
Venue Details					
The Cake Box					
Other venue					
Other venue na	me & address:				

Name of Child		Age
Number of children (including party chil	d): Boys	Girls
Party Theme		
Skills level, cupcake/biscuit, other no	ces (Please leave b	olank)
Dietary Requests		
Allergies	Cultural/Religion	ous/Ethical
Half-time children's Refreshments		
(Homemade shortbread biscuits, fruit juice, at no extra charge.)	milk or water are	offered. Alternatives available
Parents' refreshments: our price includes to adults.	a/coffee and hom	emade cupcake for up to 4
Number of additional adults (£3 each.)		
Certificate Details (first names of chil	dren)	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

(12 is our maximum during shop opening hours. We can accommodate 15 after closing time.)

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Party Tea For details please see our party tea menus.

Provided by parent (Cover charge per head £1.50)

Provided by Cake Box

Sandwich Tea Choices (A selection of ham, jam and cheese is offered as standard.)
Alternative fillings (ie. egg, salmon, etc)

Pizza Tea Choices: (please state topping(s))

Choose between: Garlic bread Dough balls

Drinks (Fruit juice, milk and water are offered as standard.)

Alternative drinks on request

Birthday Cake					
Design					
Portions					
avour & dietary requests					
To cut here					
To take home					
Providing own cake (£3 cover charge applies)					
Extras					
Personalised party invitations					
Gift wrapped cake decorating tools items for your party bag					
Costing					
Cost of Workshop/Party					
Tea Party Cost					
Cover Charge (if applicable)					
Extras					
TOTAL					
Daymont					
Payment Amount Date Signature					
5					
Deposit Ralance to pay on day					
Balance to pay on day					