

BIRTHDAY PARTY REQUEST Community Services Department

Client name												
Email address												
Phone number(s)												
Client/Organization billing address			PO I	Box/Add	dress							
			Mur	nicipalit	у							
			Post	tal Code	2							
Date(s)												
Time												
*Will music be played?		Y	Y		N			II there be cing?	Υ		N	
*Music industry to	ariffs m	ау ар	ply.									
PACKAGE OPTIONS		10 1			GI .:							
	10 people		le			Skating			Mini-putt			
	25 people		le			Skating			Mini-putt			
FOOD/DRINK OPTIONS	Cheese Pizza		zza	za		Coke			Apple Juice			
	Pepperoni Pizza					Ginger-ale			Water			
Please indicate what time you would like pizza delivered:												
CAKE – please proflowers and mess					flavour,	colour of	icing a	and writing, trin	n, decora	ating wi	th balloo	ns or
									Date			
Applicant Signature					Print Name							