



Children's Birthday Party Package

Community Services Department - Town of Petawawa

Date of Party: _____

Organizer: _____

Address: _____

Email: _____

Phone Number(s): _____

Package #:

10		Skating		Mini-putt
25		Skating		Mini-putt

Amount Due/Paid: _____

PIZZA

Cheese _____

Pepperoni _____

TIME OF DELIVERY

_____ a.m./p.m.

DRINKS – please choose from soft drinks or juice

Coke _____

Ginger-ale _____

OR

Apple Juice _____

Orange Juice _____

CAKE – Please provide a full description: flavour, colour of icing and writing, trim, decorating with balloons or flowers, and message for the cake.