



Birthday Party Form

Name of birthday child: _____ Age: _____

Date of Party: ___/___/_____ Time of Party: _____

Address of venue: _____

Postcode _____

No. of children attending: _____

Approximate ages of children attending: _____

Parents/Guardian name: _____

Contact no. _____

Email _____

Cost of party: **£100.00**

I enclose a deposit of **£25.00** made payable to Nicola Woollard. Please note this is non refundable.

I have paid by direct transfer on ---/---/--- from an account in the name of _____ please use your child's full name as reference.

Account # 19309750 Sort Code: 08-93-00

★I understand the balance will be due either on or before the party date above.

Please advise us of any special requirements you may want included & we will do our best to incorporate them. If you would like your party themed then do let us know. We look forward to sharing your birthday!

Signed.....

Print nameDate.....

Classes at Immanuel Church Hall, 452 Streatham High Road, London. SW16 .

Tel: 07956912311 e:Footlightstheatreworkshop@gmail.com

