



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: _____

Any special request: _____

Thanks for considering us and we will work hard to make your birthday party fantastic!

Signature: _____ Date: _____