



# BIRTHDAY PARTIES!!

## RESERVATION FORM

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name(s) of Parents \_\_\_\_\_

Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

e-Mail \_\_\_\_\_

Party Date \_\_\_\_\_ Party Time \_\_\_\_\_

Party Location \_\_\_\_\_

Teacher preference \_\_\_\_\_

Enclosed is a \$50 deposit to hold my class time. I realize that this deposit is non-refundable.

\_\_\_\_\_

\_\_\_\_\_

DATE

PARENT SIGNATURE

Please make checks payable to: Musical Beginnings, 606 South Union Street, Westfield, IN 46074