



Studio E Dance & Acro Birthday Party Request Form

***Deposit due with submission of this form*

Today's Date _____

Child's Name _____ Age they are turning _____

Parent's Name _____

Address _____ City _____ Zip _____

Day/Evening Phone Number _____ / _____

Best time to be reached _____

Date of Party _____ Time _____

Alternative Date _____ Time _____

Anticipated Number of Guests-Girls _____ /Boys _____

Theme of Party _____ If Pop Star party, name of favorite Pop Star _____

Choice of Snacks (choose 2)

Potato Chips Cheese Puffs Popcorn Pretzels Tortilla Chips

Choice of Cake

Vanilla Chocolate Marble **Theme of Cake** _____

Saying on Cake _____

Choice of Juice (choose 2)

Grape Drink Fruit Punch Drink Soda (kind) _____

Apple Juice Water

For Studio Use Only: Date Received _____ Deposit _____ Ck _____

Person in Charge _____ Helper _____

Special Requests _____

Number of Guests _____ Amount Due _____ Ck number _____