



A Perfect Birthday Celebration

In-studio

In-home

M T W TH F SAT SUN

Date: _____ Time: _____

Child's Name: _____ New age: _____

Parent Name: _____ Phone: (____) _____

Address: _____

Party Package: _____ Theme: _____

Teacher request: _____ Teacher scheduled: _____

Number of children: _____ Girls: _____ Boys: _____

Price of party \$ _____ Additional child \$ _____

Directions to home: _____

Special Requests: _____

Parent Acknowledgement: Payment: A non-refundable 50% deposit is required to hold the date of the celebration. Final payment is due 10 days before the event. I verify the information listed is correct.

Parent initial: _____

Mail form and deposit to:

A Fairytale Ballet
 3234 N. Southport
 Chicago, IL. 60657
 773-477-4488

office use:

IR: _____ 1st: _____ 2nd: _____ SR: _____

Child's Information

Party Information