



RESERVATION SHEET

Client Information

Clients Name _____

Point of Contact Name _____

Point of Contact Number _____

Event Date _____ Event Time _____ Event Location: _____

Child Information

Number of Children:

Ages:

Allergies:

Special Instructions:

(Administrative Use Only)

Event Type:

Amount Due:

Staff Needed:

Availability: Y/N-SB

Deposit: Y/N

Confirmation Call: Y/N