



2021 Virtual Birthday Party Information

Adult Client's Name: _____

Party Date: _____

Party Time: _____

	First & Last Name	Phone #	Email Address	Food Allergies
Birthday Child # 1				
Guest # 2				
Guest # 3				
Guest # 4				
Guest # 5				
Guest # 6				
Guest # 7				
Guest # 8				

Return this completed form and pick up kits the Saturday before your party at our office (address listed below). Party parent is responsible for delivering party kits.

Zoom link will be emailed to participants the Tuesday before your party.