



Booking Information Form

Please fill in the following information that applies to your event. Once this information has been received a contract will be sent to you via e-mail. At the time of signature a deposit is requested to hold the time and date of your event. Your event is not secured until we receive these.

How did you hear about us?

Your Name

Today's Date

Company Name

Billing Address

City•State•Zip

Home Phone

Cell Phone

E-mail Address

Event Location

Room • Shelter Name

Event Address

City • State • Zip

Nearest Cross Streets

Parking Instructions

Event Phone

Name of Event

If Birthday how old

Date of Event

Time Event Starts

Contact Person day of Event

Phone

Alternate Contact

Phone

Check here if it is outdoors

Check here if it is
rain or shine

Rain Date

Type of Event

Private

Event For

Public

ENTERTAINMENT

Only fill out what applies to you.

Audience to be Entertained

How many Children

Any Siblings

Age Range

Type of Entertainment needed

Balloon twister

Other

Face Painter

Glitter Tattoo Artist

Holiday Character

Juggler

Magician

Meet and Greet

Show

Stilt walker

Uni-cyclist

Walk around

Number of Performers
Requested

Hours Requested for
each performer

Performer(s) Start time

Performer(s) Name

Special instructions or request

DECORATIONS | DELIVERIES

We are going to

Deliver only

Decorate

Earliest delivery time

Latest delivery time

Delivery Instructions

Type of Decorations

Arches

Balloons loose

Balloon Bouquets

Centerpieces

Ceiling

Columns

Walls

Other

Theme for event

Do you have a floor plan?

Is this a multi-day event?

Who have you been talking to

List the decorations that you want and the placement of them.

Special Instructions