

Morinville Community Library Birthday Party Booking Form

Lessee Full Name: _____ Today's Date: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Total Number of Children (MAX 15) _____ Booking Staff Name: _____

PREFERRED PARTY DATE: Sunday, _____, 2014 12:15 pm - 3:45 pm

Birthday Party Theme: (please circle one)

Lego Party

Movie Party

***All bookings are tentative until room availability is confirmed and payment has been received.
The customer will be contacted by a staff to confirm date, time and other details.***

Staff will confirm the date of the party before taking payment.
Fees are due upon confirmation of booking.

STAFF USE ONLY

Confirmed Party Date/Time: _____

Comments: _____

Fee: _____ Date Payment Received: _____ Method of Payment: _____

Staff Initial: _____