

Morinville Community Library Birthday Booking Form

Lessee First Name: \_\_\_\_\_ Lessee Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Total Number of Children (max 15): \_\_\_\_\_

Total Number of Adults: \_\_\_\_\_

Preferred Party Date: \_\_\_\_\_ 12:30 – 3:30 p.m.

Birthday Theme (please circle one):

Lego Party	Craft Party	Comic Party
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Note: All bookings are tentative until room availability is confirmed, and payment has been received. Staff will confirm the date of the party before taking payment. Fees are due upon confirmation of booking.

The information on this form is collected under Section 33© of the Freedom of Information and Protection of Privacy Act (FOIP) and is used solely for purposes relating to the Morinville Public Library. If you have any questions, please contact the Information Management/FOIP Coordinator for the Morinville Public Library at 10119 100 Ave, Morinville, Alberta, T8R 1P8 or (780)939-3292

Booking Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

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STAFF USE ONLY

Confirmed Party Date: \_\_\_\_\_ Time: \_\_\_\_\_

Lessee Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Party Theme: \_\_\_\_\_ # of guests: \_\_\_\_\_

**Fee: \$125.00** Date Received: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

Receiving Staff Name: \_\_\_\_\_

Please attach this portion of the booking form to the received payment and put in your till.

Morinville Community Library Birthday Guest List

Please provide the following info in the BLUE columns for all participants attending the party, including adults (staff will complete the RED columns):

	First Name:	Last Name:	Age:	Check One:
1.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
2.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
3.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
4.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
5.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
6.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
7.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
8.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
9.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
10.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
11.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
12.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
13.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
14.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
15.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
16.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
17.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
18.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
19.				<input type="checkbox"/> Child <input type="checkbox"/> Parent
20.				<input type="checkbox"/> Child <input type="checkbox"/> Parent