



A Perfect Birthday Celebration

In-studio

In-home

M T W TH F SAT SUN

Date: _____ Time: _____

Child's Information

Child's Name: _____ New age: _____

Parent Name: _____ Phone: (____) _____

Address: _____

Party Information

Party Package: _____ Theme: _____

Teacher request: _____ Teacher scheduled: _____

Number of children: _____ Girls: _____ Boys: _____

Price of party \$ _____ Additional child \$ _____

Cake Requested: Chocolate White Pink (Strawberry) Ice Cream Layer: _____ (If applicable)

Color of frosting: _____

Ballerina Hair Request: Glamour Girl Prima Ballerina Pretty Princess

Directions to home: _____

Parent Acknowledgement: Payment: A non-refundable 50% deposit is required to hold the date of the celebration. Final payment is due 10 days before the event. I verify the information listed is correct.

Parent initial: _____

Mail form and deposit to local facility:

A Fairytale Ballet
14357 Metcalf
Overland Park, Ks. 66223
913-851-5292

or

A Fairytale Ballet
6931 Tomahawk
Prairie Village, Ks. 66208
913-671-7944

office use:

IR: _____ 1st: _____ 2nd: _____ SR: _____