



Pittsburgh Event Childcare

Event Reservation and Agreement

Name of Event: _____

Date of Event: _____

PRIMARY CONTACT PERSON	
Name:	
Position/Title:	
COMPANY/ORGANIZATION	
Name:	
Address:	
City, State, Zip Code:	
Phone:	
Email:	
VENUE	
Name:	
Address:	
City, State, Zip Code:	
CHILDCARE DETAILS	
Care Start Time:	
Care End Time:	
Estimated # of Children:	
Age Range:	
Transportation Needed:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Known Medical Needs:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	
Known Dietary Needs:	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	

OFFICE USE ONLY		
Date Received:		Received/Approved By:



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AGREEMENT TERMS

(Please check each box in agreement)

<input type="checkbox"/>	Deposits are non-refundable after 7 days from receipt of AGREEMENT.
<input type="checkbox"/>	Full deposits are refundable if reservation has been cancelled within 7 days of AGREEMENT.
<input type="checkbox"/>	Completed payment installations for a cancelled event will be applied to a future event.
<input type="checkbox"/>	Verbally committed reservations will be void after 48 hours without a deposit.
<input type="checkbox"/>	Once deposit is received, the event date(s) will be officially reserved.

PAYMENT INFORMATION

Accepted forms of payment include Website Payment, Credit/Debit Card, Check, E-Check, Venmo, Cash App & other electronic transfer payment methods.



Deposit Amount:	
Cardholder Name:	
Cardholder Billing Address: (if different than above)	
City, State, Zip Code:	
Card Number:	
Expiration Date:	
CVV Code:	
Signature indicates full acknowledgement of the above AGREEMENT.	
Name (PRINTED):	
Signature:	
Date:	

We appreciate the opportunity to take part in such a valued, prestigious event. We look forward to providing a safe, caring & entertaining environment for all children in attendance!

OFFICE USE ONLY

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