

**PARTY DETAILS FORM**

FIRST NAME

LAST NAME

EMAIL

MOBILE

WORK/OTHER NUMBER

ADDRESS

CHILD / CHILDREN'S NAMES

CHILD /CHILDREN'S DOB

PLEASE SPECIFY CHILD'S ALLERGIES/ MEDICAL CONDITIONS IF APPLICABLE

CHILD'S FAVOURITE COLOR

CHILD'S INTERESTS/ THEME FOR PARTY

PARTY DATE 1ST PREFERENCE

PARTY DATE TIME ( PLEASE CIRCLE )

10.30 AM -12.30 PM

2.00 PM - 4.00 PM

PARTY DATE 2ND PREFERENCE

HOW MANY CHILDREN &lt; 5 WILL BE ATTENDING ?

DO YOU CONSENT FOR YOUR CHILD /CHILDREN TO EXPLORE ACTIVITIES WITHOUT SHOES OR SOCKS ? ( CIRCLE)

YES

NO

I hereby give ROBYN'S ROOM permission to use my images or my child's /children's images for any purposes in connection with promoting ROBYN'S ROOM and it's activities which may include advertising, promotion and marketing, both printed & online. (PLEASE CIRCLE)

YES

NO

HOW DID YOU HEAR ABOUT ROBYN'S ROOM ?

CHECK TO STATE YOU HAVE READ AND AGREE TO OUR TERMS AND CONDITIONS

[Terms & Conditions](#)**- PARTY DETAIL FORM**

YES

NO