

Event Contract



Name of Birthday Child: _____

Age will be turning: _____

Date Of Event: _____

Party Host(s)/Parent(s): _____

Address: _____ City: _____

State: _____ Zip Code: _____

Best Contact Number: _____

E-mail: _____

Estimated Number of Guests: (children): _____ (adults): _____

Party Package Selected: _____

Character(s) Requested: _____

Time for Characters: _____

How did you hear about us?

Please note the following rules and guidelines:

- A non-refundable deposit of 50% is required to hold your date. The remaining balance is due the day of the party
- Contract & Deposit sent to Magical Memories Events - 18 Danamarie Lane, Patchogue, NY 11772
- I understand that the party MUST end at the schedule time
- I will provide Magical Memories Events with an exact number of children 3 days prior to event
- **Gratuities** are not included and are greatly appreciated (15% - 25% is standard)
- The balance of the event is due promptly at the end of the event

I understand the rules and guidelines listed above.

Signature: _____

For office use only

Balance Due at Event:

Number of Guests Attending:

Characters/Assistant: