Dance Xplosion Party Form!!!

To Reserve a Date/Time…
Please submit this form and a %50 deposit to the DXP front desk
at least 3-weeks prior to your desired party date.

Child Name: _____ Age Turning: _____

Parent Name(s):_____

Phone #: (_____) _____

Party Date: _____/_____/_____ Start Time: _____ Party Length:_____

Circle a Range for the # of Children Attending:

# of CHILDREN	COST
1-7	$200
8-15	$250
16-20	$265

Circle Any Add-On: Supplies Add-On ($25) 30min. Time Add-On ($30)
*only for ages 8+yrs

Requested Party Theme: _____

Preferred Balloon Colors (3 color max): _____

Notes, special requests, etc: _____

_____

PAYMENT POLICIES

1) ALL payments are non-refundable
2) Checks payable to "Dance Xplosion"
3) The # of children attending cannot be changed once this form is submitted.
4) Balances are due before the party begins

Total Cost of Party $_____

50% Deposit Amount $_____

Amount Paid Today $_____

Balance Due *BEFORE* party $_____

By signing below, I agree to the payment amounts noted above and I have read and understand the "Payment Policies" noted above.

Parent Signature: _____ Date: _____

Office:
1) Chk V.calendar
2) Add charge & payment in SD / STAMP form
3) Attach payment to slip / STAMP / blue bin
4) Add on V.calendar (1.5hr before–1hr after)
5) Stamped form goes in Bday folder

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