

**PARTY RESERVATION**  
**FORM**



**Academy of Performing Arts**  
Home of Lone Star Jazz

**Themes to choose from:**

- \_\_\_\_\_ 50's Party - \$175      \_\_\_\_\_ Hip-Hop Party - \$175      \_\_\_\_\_ Luau Party - \$175  
\_\_\_\_\_ Supermodel - \$175      \_\_\_\_\_ Little Idols - \$255      \_\_\_\_\_ Pom-Pon Party - \$175  
\_\_\_\_\_ PJ Pom-Pon \$175      \_\_\_\_\_ Beauty Pageant Party \$350

Party Child: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Party Date: \_\_\_\_\_ Party Time: \_\_\_\_\_  AM  PM

Instructor Requested: \_\_\_\_\_ Assistant Requested: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Date Deposit was paid: \_\_\_\_\_ Amount (circle): \$50.00 \$75.00 \$100.00

**Method of Payment:** Check, MC, Visa, or Cash - *Ask About Our Gift Certificates Program!*

Check #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ B-Day of check writer: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ CVV: \_\_\_\_\_

*\*\* Make sure that the name of the person on the credit card matches the drivers license. If not, do not accept the charge.*

Estimated Number of Children attending: \_\_\_\_\_

Party Fee is: \$ \_\_\_\_ .00      Price includes 12 and includes Party child

Deposit: \$ \_\_\_\_ .00      Non-refundable

Balance if no extra children: \$ \_\_\_\_ .00      Due at the end of the party

Extra Children: \$ \_\_\_\_\_      Charge for each child over the 12 included.

Balance: \$ \_\_\_\_\_

**TIPS** are appreciated, but must be given to the birthday coordinator and assistant separately. Tips may not be included in payment to Academy of Performing Arts - Home of Lone Star Jazz.

**STAFF MEMBER WHO TOOK INFORMATION:** \_\_\_\_\_ **Date** \_\_\_\_\_

**STAFF MEMBER WHO TOOK FINAL PAYMENT:** \_\_\_\_\_ **Date** \_\_\_\_\_