

PARTY RESERVATION FORM

Special Note:

Please fill out this form only if you have first spoken to our office and either Beverly/Kevin, or Eve if our office has asked you to send the below information.

DO NOT FILL OUT IF YOU HAVE NOT SPOKEN TO US BEFORE ABOUT THIS EVENT

Personal Info:

Name

Home Address

Apt. #

City, State, Zip

Home Phone Number

Work Phone Number

Cell Phone Number

Fax Number (For Your Receipt/Invoice) Email

Party Location Info:

Address of Party

Apt. #

Name of Restaurant

Other (Please Fill In)

Floor

Cross Streets

City, State, Zip

Telephone # of Party Address

Type of Event/Entertainment Requested:

Enter Type of Event/Entertainment You Are Requesting (Example: Clown, Magician, Pony, Character's Name)

Event Date Amount You Were Quoted by Rep (Plus Tax)

START TIME (Time You Want The Performer To Start)

END TIME (Time You Want The Performer To End)

Guest of Honor's Name

AGE

Amount of Kids AGE RANGES

Payment:

Credit Card Number (Please enter as xxxx-xxxx-xxxx-xxxx)

Expiration Date

Name of Card Holder

CVV # on back of card (3 or 4 digit # at end of signature field on back of card)

Special Instructions

THIS YEARS FUND DRIVE:

Help put a smile on a sick child's face

DOC MAGIC TRAVELING HOSPITAL:

Visits from specially trained clowns to hospitalized kids as a cheer up." Laughter is the best medicine!"

PLEASE CONSIDER A DONATION - Enter amount

Refund/Cancellation Policy:

Deposit: A 50% or less deposit is required for all private parties.

All deposits non-refundable.

Exception: "Act of Nature/Man" Full refund.

If this is a "Corporate" Event - Some clients such as Libraries, Museums, Camps, Known Fortune 500 Companies, etc.. are eligible for billing system.