

CAFÉ TABLE BOOKING FORM *



Person Booking Party: _____
 Contact Ph: _____
 Party Childs name (s): _____
 Estimated number of Children Attending : _____
 Food to arrive on your table at: _____

Time: _____ Date: _____
 Email: _____
 Boy _____ Girl _____ Turning Age: _____
 Estimated number of adults attending: _____

FOOD TO BE PAID IN FULL 5 DAYS PRIOR TO PARTY DATE

ADDITIONAL ADULT PLATTERS

(Will Serve 6-8 Adults on Average)

- | | | | |
|---|---------|--|---------|
| <input type="checkbox"/> Wedges with Sour Cream/Sweet Chill Sauce | \$35.00 | <input type="checkbox"/> Antipasto Platter | \$55.00 |
| <input type="checkbox"/> Hot Chips Platter | \$30.00 | <input type="checkbox"/> Assorted Hot Asian Mix | \$45.00 |
| <input type="checkbox"/> Triple Dip Platter | \$35.00 | <input type="checkbox"/> Assorted Mixed Sandwiches | \$45.00 |
| | | <input type="checkbox"/> Seasonal Mixed Fruit | \$45.00 |

ADDITIONAL KIDS PLATTERS

(Based on 8 children)

- | | | | |
|--|---------|---|---------|
| <input type="checkbox"/> Fairy Bread | \$19.00 | <input type="checkbox"/> Kids Assorted Sandwiches | \$35.00 |
| <input type="checkbox"/> Pizza (1 pizza single each) | \$30.00 | <input type="checkbox"/> Chips and Lollies | \$22.00 |
| <input type="checkbox"/> Frankfurt's (24) | \$30.00 | <input type="checkbox"/> Nuggets (24) | \$30.00 |
| <input type="checkbox"/> Toasted Sandwiches | \$38.00 | <input type="checkbox"/> Pancakes (8 Singles) | \$30.00 |
| <input type="checkbox"/> Jelly | \$16.00 | | |

ADDITIONAL PARTY OPTIONS

- | | | | |
|---|----------|---|---------|
| <input type="checkbox"/> BYO Cake Fee (Inc: Plates/Spoons/Candles) | \$15.00 | <input type="checkbox"/> Ice Cream Cake (Inc: Plates/Spoons/Candles) | \$30.00 |
| <input type="checkbox"/> Lolly Bags _____ @ \$5.50 each | \$ _____ | <input type="checkbox"/> Kerri Pop Top Juice (Serves 8) | \$28.00 |

You will receive plates for the number of children who have been invited and on your nominated attendance form. We recommend you arrive 15 minutes earlier than your nominated party time. Final party numbers must be confirmed 5 days prior to your party date along with full payment. ***\$50.00 is payable upon booking any party. Deposit is non-refundable. No refunds given to children who do not arrive or cancellation of a party.*** If a party is booked with less than **5 days' notice** to the required date, the party must be paid in full ***upon booking.*** No food or drinks are to be brought into the café unless it is a birthday cake. All cakes must be nut free. Any dietary requirements must be notified when booking the party. If there is an item of food you would like to include in your party, please enquire so we can price it in accordingly. Gluten free food can be available upon request and maybe an additional cost. No jugs of cordial are included in your party price. Drinks can be purchased from our café or pre ordered. Your table will be set up for the number of adults and children that have been confirmed. If additional arrive, we will do our best to accommodate your request, but seating cannot be guaranteed for extra guests. Management reserves the right of refusal and can change the party pricing and inclusions at any time without notice.

| | | | |
|--------|-----------|----------|---------------|
| Total: | Dep Paid: | Balance: | Confirmed: |
| | Initial: | Initial: | No: Adults: |
| | | | No: Children: |

GUEST LIST – CAFÉ TABLE *

Party Child's Name: _(1)_____ Boy _____ Girl _____

Party Date: _____ Party Time: _____

Parent/Guardians Name/s: _____

Number of Children Attending : _____ Number of adults attending: _____



Please complete list of Children's name and age.

| Party Guest Name | Age | Office Use | Party Guest Name | Age | Office Use |
|------------------|-----|------------|------------------|-----|------------|
| | | | 14 | | |
| | | | 15 | | |
| | | | 16 | | |
| | | | 17 | | |
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| | | | 24 | | |
| | | | 25 | | |

Please note that by filling in and signing this form, it constitutes acceptance of our play conditions and your responsibility for all party guest's safety. Please have this form filled in and returned to us when final numbers are confirmed 5 days prior to the party date.

Form can be **hand delivered** to 10 Unity Way, Munno Para or **Email** munnopara@littlerocketsplaycafe.com.au

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Parent/Guardians Signature : _____

Date: _____

| | |
|-----------------|---|
| OFFICE USE ONLY | <b style="color: red;">WEEKEND/SCHOOL HOLIDAY ENTRY- PER CHILD <b style="color: red;">1-4 YEARS \$11.00 – 5-12 YEARS \$14.00 |
|-----------------|---|