



Frolicking Balloons Booking Information

Thank you for your interest in booking Frolicking Balloons. Please take a moment to fill out some information so that I can better assist you. If paying by cheque, please ensure that cheques are addressed to Christine Cote

Basic Information

Name: _____ Organization: _____

Phone No: _____ Email: _____

Event Date: _____ Time Requested: _____

Event Address: _____

Type of Event

Public Event Private Event Birthday Party

Is there a theme? Yes / No If yes, what is the theme? _____

Services Requested

Face Painting Balloon Twisting Glitter Tattoos

Additional Information:

Name of birthday child: _____

Approximate # of children, age range: _____

Indoor/ Outdoor: _____

Outdoor: Shelter provided: Yes / No _____

Plan in event of inclement weather: _____

Parking Instructions: _____
