

Broadway Bound Dance Centre

BIRTHDAY PARTY REQUEST FORM

Request Date: _____

Request Time: _____

Contact Information:

Party Organizer Name: _____

Contact Phone Number: _____

2nd Contact Phone Number: _____

Party Information:

Name of Birthday Child: _____

Age of Children Attending Party: _____

of Children Attending Party: _____

Length of Class Wanted: _____

Type of Class Wanted: _____

When do you want class to take place? Beginning End

Do have a specific teacher you would like to request? _____

(Request is not guaranteed)

BBDC Staff Use Only

Teacher of Party: _____

Party Paid Date: _____