

PIRATE ATTACK

Birthday Party Booking Form

Full Name _____

Address _____

Post code _____

Email address _____

Telephone _____

Mobile _____

Where did you hear about us? _____

Venue address _____

Venue post code _____

Date of event _____

Time of the entertainment and finishing time

Start time _____

End time _____

Type of entertainment

Pirate Attack experience _____

Bouncy Castle _____

Pirate Attack Experience and Bouncy Castle _____

Name of birthday child _____

Age _____

Number of children? _____

Age range of the children? _____

What is the boy/girl split? _____

How many adults?

Is your venue indoors? _____

Is there access to mains power? _____

Is there 45 minutes set up time? _____

Is there 30 minutes break down time? _____

Is your venue on ground level? _____

Is there reasonable space and access for a bouncy castle and container? _____

Has your venue got a lift? _____

Is there an unloading space and parking for a large car or van? _____

Have you paid Pirate Attack a deposit? _____

Have you paid Pirate Attack in full? _____