



DANCE BIRTHDAY PARTY
Request Form and Information

Long Beach Dance Centre
5107 E. Ocean Ave.
Long Beach, CA. 90803

Party Request Date: _____ Desired Time of party: _____

Name of Child: _____ Age: _____

Parent Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Desired Date of Party: _____ Time of party: _____

Approximate # of Friends attending : _____

Party requested: _____ Cost \$ _____

Age Range: _____

Party "Add-Ons"

_____ Cost \$ _____

_____ Cost \$ _____

Signature: _____ party host/parent By signing this

form, I agree to adhere to all of the above stated party information and policies. Date: _____

Office Use Only

Deposit: _____ Date: _____

Agreed Party Day/Time: _____

Instructor: _____