**Elysian Party Booking Form**

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| Preferred Date(s) for the Party: |  | Preferred time(s) of the party |  |
| Approx. number of attendees |  | Approx. age of attendees |  |
| If applicable: Name of the person we are celebrating and age: |  | | |
| Contact details for organisers/parents/carers  Name, address, email, phone numbers |  | | |
| Are there any specific activities you would like at your party? |  | | |
| Is there any specific themes? |  | | |
| Anything else you would like us to know in planning for your party? |  | | |
| Please email to admin@elysianuk.org  Thank you for submitting your form. | | | |