



FACES & FUN ENTERTAINMENT

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PARTY PLANNER

Your Name: _____
 Home Address: _____
 City, State ZIP: _____, _____
 Daytime Phone: (____) _____ - _____
 Evening Phone: (____) _____ - _____
 Cell Phone: (____) _____ - _____
 E-mail Address: _____

PARTY DETAILS

of Face Painters: 1 (one)
 Child's Name: _____
 # of Children at Party: _____
 Party Date: ____ / ____ / ____ (m/d/y)
 Face Painting Hours: _____ to _____ (e.g. 2 PM to 4:30 PM)
 Desired Theme (if any): _____
 Extras (with assistant): _____

 (e.g. games, bubbles, music)

PARTY LOCATION

Place/Facility: _____
 Address: _____
 City, State ZIP: _____, _____
 Phone: (____) _____ - _____

BILLING SUMMARY

Face Painting (first hour): \$__ /hour x 1 hour = \$____
 Face Painting (add'l hours): \$__ /hour x ____ hours = \$____
 Extras (if requested): \$__ /hour x ____ hours = \$____

TOTAL DUE: \$____

Thanks for the opportunity to do business with you and **KEEP ON SMILING!**