



## Party At Paphos Youth Theatre order form

Parents Name \_\_\_\_\_

Parents Number \_\_\_\_\_

Name of Child \_\_\_\_\_

Date of Party \_\_\_\_\_

Time of Party \_\_\_\_\_

No of children \_\_\_\_\_

Theme \_\_\_\_\_

Type of Meal \_\_\_\_\_

### **Special Requirements**

Cake (yes) (NO) Type of Cake \_\_\_\_\_

Party Bags \_\_\_\_\_

Food & Drinks for Parents \_\_\_\_\_

Face Painting \_\_\_\_\_

Bouncy Castle \_\_\_\_\_

Clown (*subject to availability*) \_\_\_\_\_

Deposit \_\_\_\_\_

fax to: +0357 26 220911 or email to: [info@paphosyouththeatre.com](mailto:info@paphosyouththeatre.com)  
or deliver to: 5, Charalambous Kalaitzi, Geroskipou, 8201 Paphos.