



214A AVENUE B
BAYONNE, NJ 07002

INSTRUCTIONS FOR BOOKING YOUR PARTY:

1. PRINT OUT FORM
2. FILL IN ALL BLANKS ON TOP PORTION, AND FOR "EVENT LOCATION" SECTION - FOR "EVENT TIME" PLEASE NOTE WHAT TIME YOU WOULD LIKE WE DO PARTIES TO ENTERTAIN, **NOT** WHAT TIME YOUR PARTY STARTS, IF THEY ARE DIFFERENT TIMES (IE. YOUR PARTY STARTS AT 5PM, BUT YOU WOULD LIKE WE DO PARTIES TO ARRIVE AT 6PM, ONLY WRITE 6PM)
3. UNDER "EVENT DETAILS" PLEASE NOTE WHICH PACKAGE YOU WOULD LIKE TO BOOK FOR YOUR EVENT (IE. GAMES, CHARACTER, DJ, ETC.)
4. UNDER "SPECIAL NOTES" PLEASE NOTE ANY SPECIAL INSTRUCTIONS YOU WOULD LIKE TO REQUEST (SOME SPECIAL REQUEST MAY INCUR ADDITIONAL CHARGE – IF SO, WE WILL CALL PRIOR TO PROCESSING DEPOSIT TO INFORM YOU OF ADDITIONAL CHARGE)
5. SIGN NAME UNDER "CLIENT SIGNATURE"
6. IF PROVIDING DEPOSIT ON CREDIT/DEBIT CARD, WRITE IN CREDIT INFORMATION IN SPACE PROVIDED AT BOTTOM OF CONTRACT
7. MAIL COMPLETED CONTRACT TO ADDRESS AT TOP OF CONTRACT
8. WE MUST RECEIVE DEPOSIT MONIES AT TIME OF RECEIPT OF CONTRACT
9. IF FOR ANY REASON, WE DO PARTIES CANNOT PERFORM AT YOUR EVENT, YOUR DEPOSIT MONIES WILL BE RETURNED WITHIN FIVE (5) BUSINESS DAYS

**HOW DID YOU
HEAR ABOUT US?**

Online Friend
 Other _____



CONTRACT DATE:	<input type="text"/>	EVENT DATE:	<input type="text"/>
CLIENT NAME:	<input type="text"/>	EVENT TIME:	<input type="text"/>
CLIENT ADDRESS:	<input type="text"/>	OCCASION:	<input type="text"/>
CITY/STATE/ZIP:	<input type="text"/>	ATTENDING: Kids <input type="text"/> Adults <input type="text"/>	
HOME PHONE:	<input type="text"/>	CELL PHONE:	<input type="text"/>
ALT CONTACT NAME:	<input type="text"/>	ALT CONTACT #:	<input type="text"/>
EMAIL:	<input type="text"/>		

EVENT LOCATION INFORMATION

NAME OF VENUE:	<input type="text"/>	MAIN PHONE:	<input type="text"/>
ADDRESS:	<input type="text"/>		
CITY/STATE/ZIP:	<input type="text"/>		

EVENT DETAILS

SPECIAL NOTES

DEPOSIT REQUIRED: \$100 (Non-Refundable)

BALANCE DUE AT EVENT: \$ (Not Including NJ State Sales Tax & Gratuities)

PLEASE NOTE – DEPOSIT MUST BE RECEIVED BY TO GUARANTEE THIS DATE AND TIME!

*ENTERTAINER(S) MAY REQUIRE ASSISTANCE FROM PARENTS.
*IF THIS CONTRACT IS BREACHED, DAMAGES WILL NOT EXCEED AMOUNT OF DEPOSIT SHOWN ABOVE.
*IF ENTERTAINER(S) IS UNABLE TO PERFORM DUE TO "ACTS OF GOD" OR OTHER CAUSES BEYOND OUR CONTROL, "WE DO PARTIES" CAN NOT BE HELD LIABLE FOR DAMAGES.
*WE DO PARTIES, LLC, OR ENTERTAINER(S) ARE NOT RESPONSIBLE FOR INJURIES DURING GAMES, OR ALLERGIC REACTIONS TO PAINT.
*IF YOU CHOOSE TO HAVE ENTERTAINER(S) FOR LONGER THAN THE SPECIFIED TIME, ADDITIONAL TIME IS BILLED AT \$100/HR OR \$25/15MINS.
*FOR ALL PARTIES, A DISTANCE CHARGE APPLIES WHEN GAS PRICES RISE ABOVE \$2.749/GAL. AT THE RATE OF .75/MI
*BETWEEN APRIL 1 AND SEPTEMBER 31, THERE MAY BE A DISTANCE CHARGE FOR ANY PARTIES WITH MORE THAN 45 MINUTES OF TRAVEL TIME.
*THE TOTAL BALANCE WILL BE DUE AT THE EVENT.
*IF YOU REQUESTED A DJ FOR YOUR EVENT, A TABLE MUST BE PROVIDED FOR US.
*THIS CONTRACT IS CONSIDERED NULL AND VOID IF ALTERED OR CHANGED WITHOUT PRIOR NOTICE AND APPROVAL TO AND BY WE DO PARTIES, LLC. BY ALTERING OR CHANGING THIS CONTRACT, YOU WILL BE HELD LIABLE FOR THE AMOUNT OF YOUR DEPOSIT AND YOUR RESERVATION MAY BE CANCELLED WITHOUT NOTICE.

I HAVE READ AND AGREED TO ALL THE CONDITIONS STATED WITHIN THIS CONTRACT.

CLIENT SIGNATURE

DATE

PAYMENT BY CREDIT/DEBIT CARD

WE GLADLY ACCEPT VISA & MASTER CARD

***CLIENT INFORMATION ABOVE MUST MATCH BILLING INFORMATION ON YOUR CREDIT/DEBIT CARD STATEMENT IF CARDHOLDER NAME IS DIFFERENT THAN NAME ON CONTRACT, PLEASE NOTE CORRECT NAME AND ADDRESS**

Credit Card Number _____ Exp Date ____/____ 3 OR 4-Digit Sec. Code _____