



PARENTS NIGHT OUT

Saturday, October 26th

Please fill out the below

Child's Name: _____

Which are you attending?

4-6:30pm for 3-5 years old OR 5-9pm for 5 years and Up

Please circle which pizza you would like!

CHEESE OR PEPPERONI

Please circle which you would like!

WATER OR JUICE BOX

Any allergies we need to know about?

Parent Name: _____

Parent Phone Number: _____

Method of Payment: _____