



PARTY SUPPLIES ORDER FORM

Name of Birthday Child: _____

Age of Birthday Child: _____

Name of Parent/Guardian: _____

Contact Phone Number: (_____) _____

Contact Email Address: _____

Date and time of Loot bags pickup:

(mm/dd/yyyy): ____/____/____ Time: _____ OR

Party at Kin-R-Gee on (mm/dd/yyyy): ____/____/____ Time: _____

Number of children (including birthday child) receiving loot bags: _____
(please complete the attached loot bags list)

Balloon Bouquets Required? Yes _____ No _____

Number of Bouquets? _____

Number of foil mylars per bouquet? _____ Theme: _____

Number of latex balloons per bouquet? _____

Colour of latex? _____

(Unless otherwise specified latex balloons consist of a combination of "Happy Birthday" balloons and birthday age.)

Large foil Super Shape balloons? Yes _____ No _____ Theme: _____

Special Instructions: _____



LOOT BAGS LIST

Please include the birthday child in the list if you want him/her to receive a loot bag.

Loot bag items may be substituted depending on stock limitations. One of our party consultants will contact you to verify and confirm order.

Child Name	Age	Boy/Girl	Theme and/or Item Number
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			
19)			
20)			
21)			
22)			
23)			
24)			
25)			
26)			
27)			
28)			
29)			
30)			