



Guest list.

This is the information we need from you two days prior to the party.

Please fill out and return attention Party Co-ordinator

by mail : Level 2, 97 Queens Road Five Dock

by fax : 02 9745 4290

by email : info@comercubbyhouse.com.au

Name of birthday child _____ How many birthday candles _____

Time and date of party _____

Name of parent(s) _____

Names of children (over 1) attending the party

- | | |
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| 1. | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> |
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