

Brookside Party Registration Form
732/449-4747

Contact Name: _____

Address: _____

Day Phone: _____

Cell Phone: _____

Date & Time of Party: _____

Occasion: _____

If Birthday, name of child and age: _____

Invitation Wording: _____

Special Requests/Needs: _____

Deposit Received: _____

Please complete this form and return with a \$100 deposit to:

The Brookside School

2135 Hwy 35

Sea Girt, NJ 08750