

Garden of Eden

tea salon & dessert parlor

Children's Birthday Party Request

Questions, please call 706-769-0024

Date of Event _____ Day of the Week _____

Time of Event : 11:30 AM 1:30 PM 3:00 PM

Party Planner's Name _____ Phone (Home) _____

Address _____ Phone (Cell/work) _____

City/State/Zip _____ Email Address _____

Guest of Honor's Name _____

Estimated number of guests _____ (min 6, max. 12)

Sandwich Selection (choose 3): PB&J, Turkey & Cheese, Grilled Cheese, or
 Strawberries & cream

Specialty Cake type \$21 extra (flavor, icing colors, fillings, etc.)

Cake Flavor Yellow or Chocolate Icing Color Pink, Yellow, or Lavender
 Princess Lady Londonderry Mrs. Pot's & Chip Other _____

Any known food allergies? _____

Estimated number of parents _____ # of Parents Tables _____

Beverages: Pink Lemonade, Vanilla berry, Wild Strawberry, Summer Blueberry,
 Berry Berry

Invitations _____ (# if needed) Thank you notes _____ (# if needed)

Party Favors _____ Specialty Chocolates _____

Flowers/Balloons _____ Other décor _____

Deposit amount: _____ Date received: _____

____ Cash, ____ Check Number ____ Visa ____ MasterCard

Credit card Number _____ Expirations Date _____

Confirmation sent (date) _____ Booked by (Name) _____

Guaranteed number _____ (72-hrs. prior) Confirmed by: _____ Date _____

Subtotal _____ Tax _____ Gratuity _____ Total _____

All food and beverage charges are subject to a service charge and a 7% Georgia sales tax.