



Quote Request Form

Contact Information

Name:

Address:

Phone: Fax: E-mail:

Camp Information

Name of the Camp:

Dates of Interest:
(MM/YY – MM/YY)

Specifics

I Number of children:

II Duration: 1 hour 2 hours more:

III Frequency: once once a week once a month other:

IV Snack/ activity room use: YES NO

V Drinks/ Snacks needed: YES NO

If YES, please specify: Water Juice Snacks

(check all that apply)

VI Tax exempt YES NO

Please return the completed form by mail, fax, or in person:

Niki's Party Place

153 Bennett Rd. Camillus, NY 13031

Tel: 315-657-4488

Fax: 315-679-5616

Note: If you have a special request that is not covered by the options that we provide, please contact us for further discussion.