



LITTLE LEAF PLAY CAFE

Event Planner

Event Date:		Time:	
Event Type:	Birthday/ Baby Shower/ Naming Day/ Other		
Contact Name:			
Contact Number:			
Contact Email:			
Name of Guest of Honour:			
No. of Children:		No. of Adults:	
Theme:			
Food Provided:	Hot Y/N	Cold Y/N	Self-Catered Y/N
Cake Provided:			
Party Bags:	Standard / Premium	Quantity:	
Deposit Amount:		Deposit Paid:	
Dietary Requirements:			
Additional requirements/ Special Requests			