

Booking Confirmation / Invoice

This form is to confirm an appearance of Santa Noel on:

Fantasy Factory, Ltd.

P.O. Box 12, Buchanan, VA 24066

Phone: 540 520 5898

Email: leon@proknows.com

www.highlandsanta.com

Day: _____

Date: _____

Times: _____

Fee: _____

Deposit: _____

Balance: _____

Due upon completion of visit

Event: Home Visit Group Party Community Event Retail Location

Other: _____

Contact Name: _____ Email: _____

Address: _____ City: _____

Phone: _____ Cell: _____

No. of Children _____ Ages from _____ to _____ Gifts: Yes No

Name: _____ Age: _____ Note: _____

Additional Notes: _____ (use back of form for additional information)

Deposit of \$ _____ must be received by: (date) _____

payable to: Fantasy Factory, Ltd.

Deposits must be received within five (5) business days of date due or may result in the appointment time being released to another party. Contact Santa Noel immediately should you need to adjust the deposit date or make other arrangements.

Balance of \$ _____ in cash or check is due at end of visit payable to: Fantasy Factory, Ltd

Santa Noel

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