

Mrs. Tea's Garden Tearoom

Children's Tea Party



Contact Name _____ Phone Number _____ Guest of Honor/Age _____

Date of Tea Party - _____ (1 ½ hrs.) **Time _____ to _____ * PM**

- Our Monthly Tea & Food Selections will be served for adults.
- **Please let us know of any food allergies at least one week prior to your party.**
- **A \$25 deposit must be paid to reserve room for party.**
- The remaining total will be paid the day of the tea party.
- Deposit ***will not be returned*** if party is cancelled after _____.
- ***\$50 per ½ hour** past party time (see allotted time above) will be charged for extended parties

10 Children (including birthday girl) **frame craft with picture, birthday cake (8" round cake), children's afternoon tea - child's salad, PBJ & Cheese sandwiches, scone & lemonade, 10 scones, tea for 10 adults, tax & gratuity included** **\$ 275.00**

_____ **Additional Children** (no more than 15 total children) @ \$ 25 **\$ _____**

Birthday Cake flavor/colors _____ **\$ _____**

***Hot Chocolate (instead of lemonade) \$1.00 per child** **\$ _____**

ADDITIONAL PARTY ITEMS

Favors:

_____ "Teapot" spoon @ \$4.00 each **\$ _____**

_____ Porcelain Teacup @ \$8.00 each **\$ _____**

Invitations:

_____ Personalized invitations @ 2.25 each **\$ _____**

Additional food for Adults: (*tax & gratuity not included)

_____ scone - \$2.00 each **\$ _____**

_____ large pot of tea - \$6.00 **\$ _____**

_____ Afternoon Tea @ \$ 16 **\$ _____**

_____ Other _____ **\$ _____**

***Allergies - _____**

Deposit Paid: check/credit card/cash
Date _____

Subtotal	\$ _____
*Tax (7%)	\$ _____
*Gratuity (15%)	\$ _____
Total	\$ _____
Deposit	(\$ _____)
BALANCE	\$ _____