



TO BOOK YOUR GROUP VISIT

To book your visit of 15 or more, please fill out this form.
Final count and balance due one week prior to visit.

Name of Group: _____
Contact Name: _____
Contact Phone Number: _____ Contact Email: _____
Date of Visit: _____
Time of Visit: _____
Approximate Number Attending: _____
Balance Due: _____
\$50 Rental Fee: _____

Please make checks payable to Christmas Land LLC
and mail to Christmas Land, P.O. Box 17, Clifton Park, NY 12065.

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If you prefer to pay with credit card, please email form to Michelle@christmaslandllc.com or call at
518-588-9072 or mail this form to Christmas Land, LLC, P.O. Box 17, Clifton Park, NY 12065

Name as it appears on credit card: _____

Address to include
City/State/Zip: _____

Credit Card Number: _____

Expiration Date: _____ Code: _____

You are free to bring your own dessert or if you prefer, we can refer you to our baker who can make
Christmas cookies or cupcakes

FOOD OPTIONS AVAILABLE



- Customized Food/Snack Items Available Upon Request**
- Customized Christmas Land Favors Available Upon Request**
- Birthday Child Will Receive a FREE Christmas Land Shirt**
- A \$50 fee for setup, cleanup and Elf Helper**