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 Baltimore, MD 21224  
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Order No. \*Lead ID.#\*

## DELIVERY TICKET

\*Event Date\* \*Event Start Time\* \*Event Start End\*

\*Customer Full Name\* \*Cell Phone\*

\*Customfield-156613\*

DELIVERY ADDRESS


\*Venue\*

\*Surface\*

\*Event Street\*

\*Delivery Type\*

\*Event City\*, \*Event State\*, \*Event Zip\*

*Order Quantity*	*Rental Item Picture* *Rental Item Name*
78	 Gold Chiavari Chairs

Event Notes: **To avoid additional fees all tables and chairs must be broken down and neatly stacked at delivery point prior to Mr. Moonbounce arrival.**

\*Event Notes\*

### INFLATABLE SAFETY GUIDELINES

- |  |                                      |   |
|--|--------------------------------------|---|
| <input type="checkbox"/> NO FOOD/DRINKS  | <input type="checkbox"/> NO CONFETTI | <input type="checkbox"/> DO NOT OPERATE INFLATABLE IN THE RAIN    |
| <input type="checkbox"/> NO GUM          | <input type="checkbox"/> NO JEWELRY  | <input type="checkbox"/> DO NOT OPERATE INFLATABLE IN 15MPH WINDS |
| <input type="checkbox"/> NO SILLY STRING | <input type="checkbox"/> NO FLIPPING |   |
| <input type="checkbox"/> NO PETS         |                                      |   |
| <input type="checkbox"/> NO BALLOONS     |                                      |   |

I certify that I have read and agree to all terms of the contract. There are no oral or other representations not included herein. I acknowledge receipt of a copy of the contract. I authorize Mr. Moonbounce to make any additional charges to any of my credit cards on file in fulfillment of my contract.

CUSTOMER NAME PRINT \_\_\_\_\_ CUSTOMER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MR. MOONBOUNCE CREW LEAD \_\_\_\_\_

OFFICE USE ONLY  
 PK UP CREW LEAD \_\_\_\_\_