

Birthday Party Request Form

Birthday Child Name: _____ Age Turning: _____

Parent Name: _____ Phone: _____

Email: _____ How did you hear about us? _____

Address: _____

Party Date: (1) _____ (2) _____ (3) _____

Start Time: **Saturdays:** 1:30pm 2:00pm

Preferred Balloon Colors: (1) _____ (2) _____

***50% deposit to reserve your date. Second half is due on the day of the party. Amount Due: \$ _____

1. Desired Theme and Circle Art Modality:

**Choose your theme (some suggestions below)*

- Art - Modeling Clay (list idea of what you would like to make _____) **recommended for Novice*
- Art - Painting on 8X10" Canvas (Van Gogh, Picasso, etc.) **recommended for 100% Local and Rock Star Status*

**Which Artist/Theme would you like: _____*

- Dance Party (includes dress-up in tutus)

2. Pick Your Party Package:

- Novice (Basic) \$375 (4-7 years old only)**
 - 1.5 Hours, 2 party hosts
 - Up to 10 birthday guests plus Birthday Star
 - Includes one 45 minute activity plus time for food & cake • Includes balloons
 - Unique, one-of-a-kind favors (Art party only)
- 100% Local (Premium) \$425 (8 years old and up)**
 - 2 Hours, 2 party hosts.
 - Up to 12 birthday guests plus Birthday Star
 - Includes one hour activity plus time for food & cake • Includes balloons
 - Unique, one-of-a-kind favors (Art party only)
- Rock Star Status (Ultimate) \$500 (8 years old and up) • 2 Hours, 3 party host**
 - Up to 15 birthday guests plus Birthday Star
 - Includes one hour activity plus time for food & cake
 - Includes balloons
 - Unique, one-of-a-kind favors (Art party only)



3. Additional Items:

- \$12/each extra participating birthday guest (babies in arms are free)
- \$35 for Face Painting

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Contract

Total Amount Due: _____ 50% Deposit Payment Due once confirmed: _____

Final Payment Due Date: _____

Policies and Procedures:

The balance of your fee will be charged on the Friday before your scheduled event. Please contact us if you would like a copy of the receipt emailed to you. You also agree to inform your guests of our photo release policy. We recommend including the below text into your invitation.

Art & Soul School is hereby granted permission to take photographs of the guests to use in brochures, web sites, posters, advertisements and other promotional materials the school creates. Permission is also hereby granted for the school to copyright such photographs in its name. No names or other identifiers will be used with the photo. If you wish to not have your child's photo used for such purposes, please contact Art & Soul School before the date of the scheduled party at 707.575.6858 or info@artandsoulmusic.com

* Deposit will be processed to reserve your date

* Final payment, Friday before

* Final guest count must be received **no later than** the Wednesday before your party. * For full refund, 2 weeks notice / Half deposit refund, 1 week notice

* For Dance Parties all Guardians will need to sign a waiver

I have read and agree to the terms of the Birthday Party Contract.

Signature: _____ Date: _____

OFFICE USE ONLY:

Deposit Paid: Y N Amount Paid: \$ _____ Date Paid: _____ Enrolled: Y N

Entered in Calendar: Y N Final Payment Processed: Y N Date Processed: _____

ADDITIONAL NOTES:

Party Completed: Please sign: _____

Tip: \$ _____