

## **Birthday Party Agreement**

Parent/ Guard	lian:				
Address:			City:		Zip:
Phone:		Email: _			
Child's Name:					Age:
Party Date:	Number of children:				
Wed Th	urs Fri	3:15-5:15pm	or Sat	10:30-12:3	30pm 2:00-4:00pm
	Men	nber \$250	Non-M	ember \$300 _	
Bir	rthday party cost f	or the host family and	up to 15 gu	ests and their pa	arents/ guardian
		Each additio	nal guest \$	§10	
Half of the bal	lance is due upo	•	- refundabl f party	e, the remaind	er if the balance is due the
		Deposit pa	aid:		
	Please	e read and sign	our pai	rty agreem	ent:
			children d	luring this time	efore and after the party for and should be stationed
		ur guests, we occasion ant us to use photos o			of our guests for promotional notify photographer.
Date:		Signature: _			
CMS Signat	ure:				