

## **Birthday Party Agreement**

Parent/ Guardian:	
Address:	Zip:
Phone:Ema	ail:
Child's Name:	Age:
Party Date:	Number of children:
Saturday 10:00-12:00pm or 1:00-	-3:00pm
Member \$300	Non-Member \$350
Birthday party cost for the host family and up to 15 guests and their parents/ guardian	
Each ad	Iditional guest \$10
	ooking and will be deducted from the remainder of the is due the day of party
Depos	sit paid:
Please read and s	sign our party agreement:
set up and clean up. Adults are required to w	I 30 minutes additional time before and after the party for vatch children during this time and should be stationed museum to ensure safety.
	asionally take photos and video of our guests for promotional tos of you/ your children, please notify photographer.
Date: Signature	re:
CMS Signature:	