



242 Sound Beach Ave
 Old Greenwich, CT 06870
 203 637-2685
 actionartschool.com



Party Registration Form

Student's name: _____ Parent's name: _____

Address: _____

Home Phone: _____

Emergency Cell Phone: _____

Email Address: _____

Date of Birth: _____

Date: _____

Times: _____

Food Allergies: _____

Party Cost:	\$ ____ . ____
Materials:	\$ ____ . ____
Extra Guests:	\$ ____ . ____
Misc:	\$ ____ . ____
TOTAL:	\$ ____ . ____

A \$200.00 deposit is needed
To hold the date.

Method of Payment

- Check
- Cash
- Visa/MasterCard
- DISCOVER
- American Express

Acct. #:	
Expiration Date:	Security code:

Subtotal: _____

Tax: (materials only) _____

Total: _____

I give permission for my child to participate in all class activities. I give permission for medical attention in case of emergency.

Signature _____

Date _____