



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:	\$ ____ . ____
<b>TOTAL:</b>	<b>\$ ____ . ____</b>

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*