



Birthday Party Contract

PARENT(S) NAME(S)		
HOME ADDRESS (STREET)		
CITY	STATE	ZIP
HOME TELEPHONE	WORK/CELL TELEPHONE	
EMAIL:		

Type of party (circle one): Art Dance Kindermusik

Child's Name: _____ **Party Date:** _____

Age s/he is turning: _____ **Times:** _____

Set up/ Decorate date and times: _____

Post party pick up date and times for materials: _____

PAYMENT

Number of children attending: _____ **Total cost:** _____

Date	Description	Payment Amount	Payment Type
	Deposit (due at contract signing)	\$75.00	
	Remaining Balance (due one week before party)		

Check Number _____ (Made payable to the North Shore School for the Arts)

Visa / Master Card/Discover _____ Exp. Date _____ v-code _____

I, _____ hereby authorize the North Shore School for the Arts to apply to total amount of \$_____ to my credit card.

My signature documents that I will agree to the policies of the North Shore School for the Arts (see reverse).

Parent or Guardian's Signature

Date