

Dance Creations Birthday Party Registration Form

Date: _____ Time: _____ Estimated Children: _____ Adults: _____

Child's Name: _____ Date of Birth: _____

Gender: _____ Age Celebrating: _____ Home Phone #: _____

Home Address: _____

Mothers Name: _____ Cell Number: _____

Fathers Name: _____ Cell Number: _____

Email Address: _____

Medical Information/Allergies: (Describe) _____

Party Theme: _____

I _____ give my daughter/son/self permission to participate in a birthday party at Dance Creations Inc. I acknowledge that there is a risk of injury in dance, and hereby release Natalie Di Michele and Dance Creations Inc., all teachers, assistants, and other persons associated with Dance Creations from all liable actions that may occur from any activity at Dance Creations Inc.

Parent/Guardians Signature: _____ Date: _____

Directors Signature: _____ Date: _____

Payment Information

	Date	Method	Amount
\$50 Deposit (Due at time of signing)			
Balance (Due day of party)			
Additional Children (11 +) \$10 each			

Additional Notes for party: _____
