

FCCA Birthday Party Registration Form



Birthday Child's Name: _____

Requested Date of Party: _____

Child's Age: _____ DOB: _____

Requested Time of Party: _____

Parent/Guardian's Name: _____

\$250 for 1.5 hr. party _____ \$300 for 2 hr. party _____
(Please check one)

Address: _____

City: _____ State: _____ Zip: _____

Birthday Child's Favorite Song(s) _____

Phone: _____

Email: _____

Both the 1.5 hr. and the 2-hr. party include entertainment, pizza, and drinks for up to 15 children. Each additional child is \$5. **\$50 Non-refundable Deposit** is due when party is scheduled. Balance will be run the day of the party.

Credit Card # _____ Exp Date: _____ CVC# _____

Signature: _____ Date: _____

By signing, you authorize First Coast Center for the Arts to withdraw the \$50 non-refundable deposit when this form is submitted, as well as the balance due on the date of the party.

Office Use Only

Date Deposit Paid _____
Amount Owed Day of Party _____
Instructor for Party _____

