



1133 Grant Avenue, Novato CA 94945 415.596.5546

- \* Friday: 6:15pm -8:15pm
- \* Saturday: 10:15pm-12:15pm
- \* Saturday: 12:45pm-2:45pm
- \* Saturday: 3:15pm-5:15pm
- \* Sunday: 10:15am-12:15pm
- \* Sunday: 12:45pm-2:45pm
- \* Sunday: 3:15pm-5:15pm

- \* NEW!
- \* Monday-Friday: Choose any 2 hours from 10am-3pm

#### RATES

- \* \$240.00 for 8 children.
- \* \$15.00 for each additional child

Name of Birthday Girl/Boy \_\_\_\_\_

Age of Attendees \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Time \_\_\_\_\_ Date of Party \_\_\_\_\_

Number Of guests \_\_\_\_\_

Art Project (please be very descriptive so that Party Teacher is well informed)

Clay: Handbuilding \_\_\_\_\_ Throwing \_\_\_\_\_ Sculpture (figurines) \_\_\_\_\_ Sculpture (free form) \_\_\_\_\_

Painting: Acrylic \_\_\_\_\_ Watercolor \_\_\_\_\_

Drawing: Oil Pastels \_\_\_\_\_ Chalk Pastels \_\_\_\_\_ Colored Pencil \_\_\_\_\_ Cartooning Markers \_\_\_\_\_

Printmaking \_\_\_\_\_ Sewing \_\_\_\_\_ Mosaics \_\_\_\_\_

Please check those that apply: Serving Cake \_\_\_\_\_ Pizza \_\_\_\_\_ snacks \_\_\_\_\_ opening presents \_\_\_\_\_

Your payment including a non-refundable deposit of \$50 is due immediately to hold this reservation. A 30 day notice of cancellation is required to receive a full refund minus the \$50 deposit. Less than 7 days notice is loss of 50% of party fee. Changing party dates will result in a \$25 transfer fee, must be done no later than 14 days prior to original party date and is subject to availability. In the event that Studio 4 Art cancels the party date, you will receive a full refund. The party fee covers the Art project(s) the use of the party room and instructor(s). Should you arrive early or stay later than 15 minutes beyond your above stated party time, you will be charged accordingly. We accept Visa and Mastercard (please complete information below). Please make checks payable to: Studio 4 Art

Be sure to read and sign below:

I hereby agree to indemnify and hold harmless Studio 4 Art and its officers and employees from and against any and all liabilities for any injury which may be suffered by me or by my child arising out of or in any way connected with participation in the program noted above. In case of emergency, my child may be treated by a qualified physician. I give permission to use mine or my child's photograph in Studio 4 Art's brochures or publicity.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

#### For Office Use Only:

**\$50 non-refundable deposit received: date:** \_\_\_\_\_

**Total Party Amount Received \$** \_\_\_\_\_ **date** \_\_\_\_\_ **check #** \_\_\_\_\_

**Cardholder Name (as it appears on card):** \_\_\_\_\_

**MasterCard or Visa #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **V-code:** \_\_\_\_\_ **Last 3 digits of number found on signature line of card.**

**Billing Address:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_