



# BIRTHDAY PARTY AGREEMENT

Today's Date: \_\_\_\_\_ Birthday Party Date: **Sunday**, \_\_\_\_\_, 20\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Please Circle One:  Cell  House  Work

Email: \_\_\_\_\_

Birthday Parties are designed for up to **15 children, ages 3-12**, and up to **15 adult chaperones**.

Guest Count: \_\_\_\_\_ Children \_\_\_\_\_ Adults

\*\*\*Additional children may be added for \$8 per child (maximum of 20 children per event).

\*\*\*Additional adult chaperones may be added for \$5 per adult (maximum of 20 adults per event).

**Event Start Time:** 2:00 p.m. (Client may arrive at 1:30 p.m.)

**Event End Time:** 4:00 p.m. (All guests must vacate by 4:30 p.m.)

**RAM Provides:**

- Birthday Cake for Number of Guests Attending
- Birthday Invitations for Party
- Birthday Balloon Bundle and Decorations
- Plates, Napkins, Utensils, Cups, and Lemonade
- Artist-Designed Apron for the Birthday Child
- Art Lesson/Activity in One of the Following Themes (**Please Circle Your Choice of Theme Below**):
  - Printmaking
  - Painting
  - Mixed Media
  - Sculpture
  - Illustration

Initial Deposit of **\$100.00** was received on \_\_\_\_\_, 20\_\_\_\_.

Please **circle** method of payment of deposit:

Cash  Check # \_\_\_\_\_ Visa  MC  Discover  AmEx # \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_

Remaining Balance of \$ \_\_\_\_\_ due by Saturday, \_\_\_\_\_, 20\_\_\_\_.

If the remaining balance is not paid in full by the due date, RAM reserves the right to cancel the event. Should you need to cancel, all requests must be submitted in writing at least one week in advance. A 15% fee will be retained from the deposit prior to issuing your refund.

In participating in a RAM birthday party, I agree to assume all risks connected therewith. I agree to release and discharge, in advance, RAM, its officers, employees, and agents from any and all liability. I also assume full responsibility for my child and party participants that I have invited and agree to pay for all damage to property or person caused by the aforementioned.

Your signature below signifies that you understand and agree to all of the above.

Client:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RAM Facility Representative:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RAM Finance Representative:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_