



2584 Leghorn Street Unit A
 Mountain View, CA 94043
 Tel. (650) 965-4135
 info@fantasydance.us
 www.fantasydance.us

Office use only	Teachers Assigned	Total	Deposit	Balance
	1. _____	\$ _____	Due: \$ _____	Due: \$ _____
	2. _____	_____	Date Paid: _____	Date Paid: _____
	3. _____	FDS student 10%	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card
	4. _____	_____	Check No. _____	Check No. _____

BIRTHDAY PARTY REGISTRATION FORM

CONTACT INFORMATION

Child's Name _____ Birth Date ___/___/____ Turning Age ____ Gender ____

Parent/Guardian Full Name _____ Cell Phone _____

Home Address _____ Home Phone _____

Parent/Guardian E-Mail _____ Work Phone _____

Number of children at the party: _____ Guests Ages _____

Note: _____

Plan your party.

PARTY THEME: 10% Discount for Fantasy Dance students

- Disco Party (10 years old and up)
- B-Boy or B-Girl (3 years old and up)
 - 1- 15 children \$150/hour (1 Teacher)
 - 16 -25 children \$200/hour (2 Teachers)
 - 26 - 44 children \$250/hour (2-3 Teachers)
 - 45 children & up \$300/hour (3-4 Teachers)
- Art project - \$3-5/kid depends on your choice.
 Art Project can be added to any Birthday Party.
 (Gratuities not included in the price.)

DATE REQUESTED & TIME:

Please provide two options.

Option 1:

Saturday, _____ 20____ Time: _____
Month Day Year

Option 2:

Sunday, _____ 20____ Time: _____
Month Day Year

Please make check payable to *Fantasy Dance Studio*

Payment Option: Cash \$ _____ Check # _____ \$ _____

I authorize the Fantasy dance Studio to charge the following:

Type of Card: MC VISA CC#: _____ Expiration Date: ____/20____

SEC#: _____

Month Year

Amount to Charge: \$ _____

Name on Card: _____ Authorized Signature: _____

TERMS OF AGREEMENT:

- Please complete and return this agreement along with a **\$50.00 non-refundable** deposit.
- **Your reservation is not confirmed until payment and a confirmation email is received.**
- Credit cards will not be charged until birthday time and dates have been confirmed.
- The remaining balance is due on the party date.
- Please notify Fantasy Dance Studio immediately of any change in plans or of a cancellation.
- **A fee of \$10.00 will be charged for each additional child** above the birthday party package.
- Fantasy Dance Studio will provide all party supplies; host will provide food, cake and drinks.
- Host and guests should arrive no sooner than fifteen (15) minutes prior to the party time.
- All birthday party participants must be properly attired for birthday party activities. The proper foot wear is a pair of any dance shoes (no heels) or socks.
- For reasons of safety and hygiene, all birthday party participants must observe the following rules while on the Dance Floor: No Food, No Drinks (of any kind), No Chewing Gum or Candy. No Smoking, Alcoholic Beverages, or Illegal Drugs in the Studio.
- Due to limited space and safety, NO Adults will be allowed on the dance floor except the participants and Fantasy Dance Studio's Instructors. Only the Host Parent will be allowed on the dance floor for picture/video taking. All other parents and guests must remain in the waiting area.
- All party guests over 3 years old should be able to participate without the need for parental supervision. Guests under 3 years old must participate with a parent/caregiver. If there are special needs guests, please inform the staff ahead of time so that arrangements can be made.
- During sit down party time (food & cake) please supervise your children.
- All children 2 years and younger MUST be accompanied by a parent or guardian at all times.
- All children that are on the Dance Floor are considered party guests and will be added to the final bill of participants.

PHOTO RELEASE:

I authorize that Fantasy Dance Studio to use all photographs or videos taken of me or my child during the Birthday Party for advertising, instructional, and/or promotional material.

MEDICAL RELEASE AND ASSUMPTION OF RISK:

As the parent, agency/representative, or legal guardian, I hereby give consent for FANTASY DANCE STUDIO to provide all emergency medical/ dental care prescribed by a duly licensed physician (MD) or dentist (DDS) for my child/relative, under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent. It is the responsibility of every individual, his/her parents, or a legal guardian to provide his/her own accident or health coverage while participating in all FANTASY DANCE STUDIO activities. FANTASY DANCE STUDIO does not provide any accident or health coverage for its members or guests. By participating in FANTASY DANCE STUDIO activities and programs, I agree to assume full responsibility for the risk of such activities and programs and, further, agree to release and hold harmless FANTASY DANCE STUDIO and its staff members from any and all claims, suits, losses or related injury or death, accident or otherwise, during or arising in any way from the activities or programs of FANTASY DANCE STUDIO. I acknowledge and agree that this general release of liability of FANTASY DANCE STUDIO is binding upon me, personally, as well as in capacity of the parent or guardian of my child and on my heirs, personal representatives, successors and assigns. FANTASY DANCE STUDIO cannot accept responsibility for your child except when he/she is under the supervision of an appropriate employee. Parents will be responsible for notifying staff of a child's absence, late arrival, early or late pick-up, and any other special circumstances. FANTASY DANCE STUDIO may use photographs of participants for publicity purposes.

PARENT/ GUARDIAN SIGNATURE _____ **DATE:** _____
