

Movie Makers Birthday Party Registration



Participant's name: _____ Age: _____ Birthdate: ____/____/____

Names of parents or legal guardian: _____

Primary Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please list ANY medical conditions, food allergies or special needs: _____

Party Theme:

Music Video Party (16 Max #) - Cost \$600 _____ Requested Date & Time _____ # of Attendees _____

Narrative Party (12 Max #) - Cost \$600 _____ Requested Date & Time _____ # of Attendees _____

Please initial all of the following:

I am enclosing a nonrefundable deposit check (made out to Movie Makers) of \$75 _____
to hold the day of the event.

I will bring the balance on the day of the Party _____

I have disclosed any medical conditions/special needs _____

Please fill out this registration form, and send it, along with your deposit check made out to MOVIE MAKERS (we can't accept credit cards) to the address at the bottom of the page.