

**CLASS ACT STUDIOS BIRTHDAY PARTY CONTRACT**  
**77 Tarrytown Rd. White Plains, NY 10607 (914) 946-3391**

**Thank You for your interest in having your child's birthday party here @ Class Act Studios. Party options are as follows:**

**OPTION #1...(\$28.00/CHILD MINIMUM 10 CHILDREN)**

ADULT ACTOR/ACTRESS WILL ENTERTAIN YOUR CHILD AND HIS OR HER FRIENDS WHILE TEACHING THEM THE FUNDAMENTALS OF ACTING

CREATE SOME OF THEIR FAVORITE TV COMMERCIALS STARRING, OF COURSE, THE BIRTHDAY CHILD. WE WILL VIDEO TAPE THE COMMERCIALS THE CHILDREN HAVE MADE AND ALLOW THE PARENTS & FRIENDS TO VIEW THE PLAYBACKS (NOMINAL CHARGE OF \$40.00 WILL BE ADDED IF YOU WOULD LIKE A COPY OF THE DVD)

IMPROVISATIONAL GAMES

**OPTION #2...(\$40.00/CHILD MINIMUM 10 CHILDREN)**

ALL OF THE ABOVE IN PARTY OPTION #1 plus....

COSTUME CHANGES FROM OUR PROP CLOSET AS WELL AS LEARNING HOW TO WORK WITH OUR "FAKE,BUT VERY REAL LOOKING" FOOD –

CAKE, BALLOONS , PIZZA AND BEVERAGES

ALL THE DECORATIVE PARTY TRIMMINGS ..... including paper goods with set-up & clean-up

PARTY BAGS WHICH WILL INCLUDE DISCOUNT COUPONS FOR ALL OF YOUR GUESTS AND A FREE ACTING CLASS FOR YOUR CHILD (GOOD FOR 1 YEAR FROM THE PARTY DATE)

All parties are 2 hours and can be arranged for weekday after school hours, Saturdays or Sundays. First come basis on reserving dates with a 50% non refundable deposit.

I HAVE READ AND AGREED TO THE ABOVE PROVISIONS

PARENT/GUARDIAN NAME \_\_\_\_\_ Contact # \_\_\_\_\_

Address: \_\_\_\_\_ E Mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Childs Name and Age \_\_\_\_\_ # of expected children \_\_\_\_\_

Party Date – 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_ Time Preferred \_\_\_\_\_

Total Cost\$ \_\_\_\_\_ 50% deposit \$ \_\_\_\_\_ Balance Due\$ \_\_\_\_\_

FINAL COUNT IS EXPECTED TWO WEEKS PRIOR TO BIRTHDAY DATE. NO SHOWS WILL BE CHARGED FULL PRICE. THERE WILL BE NO REFUNDS TWO WEEKS PRIOR TO BOOKING DATE.

SIGNATURE OF PARENT/ GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

PAYMENT METHOD – PLS CHARGE MY CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

IF PAYING BY CHECK, PLS ENCLOSE WITH THIS CONTRACT AND MAIL TO CLASS ACT STUDIOS

