



the new children's museum

# birthday parties

## REGISTRATION FORM

### PARENT INFORMATION *(please print in ink)*

Parent's name .....

Are you a Museum Member?

Yes  No

If yes, member number .....

ADDRESS .....

CITY STATE ZIP

DAYTIME PHONE HOME PHONE

E-MAIL .....

CHILD'S NAME .....

UPCOMING AGE .....

INTERESTS .....

FIRST CHOICE DATE AND TIME .....

SECOND CHOICE DATE AND TIME .....

Up to 15 children and 3 adults  Up to 25 children and 5 adults

*[see next page for deposit and payment information]*

