



Birthday Party Registration Form

Child's Name: _____

Parent Name: _____

Parent Email: _____

Phone Number: _____

Date: _____

Time: _____

Theme: _____

Number of expected guests: _____

RSVP needs to be emailed to rhythmforlife@att.net 7 (10 for art parties) days prior to party. Please note, you pay for the number RSVP not the number in attendance.

Deposit: \$100 Check # _____ Amount Due: _____

Party Package: _____

Please print and attach this form along with your deposit and mail to

Imagine Studio 97 South St West Hartford CT 06110.

Dates will not be reserved without this form