





Special Events Registration Form

Art & Party Studio

ONE REGISTRATION FORM PER CHILD!

	are REQUIRED at the time of booking,	
•	form. An invoice will be emailed back to	to you to complete your registration
	child is sick, please email, text or call us. will do our best to make accommodations to	make up or reschedule their sessions!
	will do our best to make accommodations to	make up of reschedule their sessions:
Initials:	DEELIND A DI E compelled aventels and aventels	eles and handlad an an individual basis
ALL paid workshops are NON-	-REFUNDABLE, cancelled workshops/wed	eks are nandied on an individual basis.
Parents Name:	Tel:	
	(please print clearly!)	
	AUTHORIZATION FOR PICK	
Name:	Relationship:	Tel:
Name:	Relationship:	Tel:
Childs Name:	Date of Birth:	Age:
ALLERGIES:		
Anything we should know	about your child?	
Please I	ist ALL events you're registeri	ng for below:
Event	Date(s) & Time(s)	Cost
		*CT Sales Tax of 6.35% will be added
		to your final invoice
		
** I give consent to allow Blue Bu	utterfly Creations to take my photos for pr	ofessional purposes only, such as

Facebook, Instagram, or their professional (public) website.

Full names will never be disclosed publicly! Initials: _____