



Music for Little Hands, LLC  
115 Main St.  
Monroe, CT 06468  
203-452-8252  
www.musicforlittlehands.co

## Birthday Party Reservation Form

Party Date \_\_\_\_\_ Time \_\_\_\_\_

Child's name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Child's favorite color: \_\_\_\_\_

Name(s) of parents: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

R.S.V.P. to: \_\_\_\_\_ Phone: \_\_\_\_\_

Which theme would you like? (indicate "none" if that is your preference) \_\_\_\_\_

### Party

50% non-refundable payment required with Reservation. Balance due on or before the date of the party.

\_\_\_\_\_ \$325 (\$275 for currently enrolled Kindermusik® student)

\_\_\_\_\_ \$10 if you are providing additional food (pizza, etc.)

\_\_\_\_\_ \$10 for Tea Party or Fiesta theme

\_\_\_\_\_ SUBTOTAL

\_\_\_\_\_ 6% CT Sales Tax

\_\_\_\_\_ TOTAL AMOUNT DUE

\*\*\*TOTAL ENCLOSED: \_\_\_\_\_ BALANCE DUE ON OR BEFORE THE DATE OF THE PARTY: \_\_\_\_\_

### \*\*\*PAYMENT OPTIONS

Check enclosed (made payable to *Music for Little Hands*)

Charge my credit card \_\_\_\_\_  
CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_

Music for Little Hands will provide: approximately 15 minutes of free instrument exploration plus 35-50 minutes of musical activities, paper goods, juice, balloons, mailed invitations and the room for 1/2 hour for your cake and any additional activity. Total time of party: 1 1/2 hours. Recommended number of guests: 5 - 8, limited to 10 children, including siblings. Guest list with names and ages of each child must be received at least 3 weeks in advance for invitations will be mailed 2 weeks in advance of the party. Please inform us of the number of children attending the party at least 4 days in advance.

**Your signature is required:** I do hereby release and forever discharge Leslie Waddell and any employees or contractors of *Music for Little Hands, LLC* from any and all actions, claims and demands for, upon or by reason of damage, loss or personal injury which may be sustained by my child or myself during the course of or as a result of the activities provided.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date