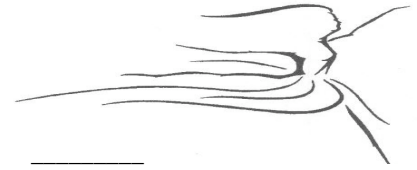


# Abigail Francisco School of Classical Ballet Birthday Party Contract



\_\_\_\_\_  
Birthday Girl's or Boy's Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Parent's Names

\_\_\_\_\_  
Address

\_\_\_\_\_  
City,

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mobile Number

**Party Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **# of Children** \_\_\_\_\_

## Fees:

- \$225 Party Package for up to 10 children. (1 \_ hours)
- There is \$5.00 per child fee after 10 children.
- The Maximum is 15 children.
- \$75 deposit is required with a signed contract (Check or Cash).
- Remaining Balance (\$125) is due on the day of the event. (Check or Cash).

**Choice of Theme:** **Ballet** \_\_\_\_\_ **or Jazz** \_\_\_\_\_

## Package Includes:

- Invitations (including Waiver & Release forms)
- 30 Minutes of Professionally directed dance activities in our large studio
- Each guest will be given a tutu to borrow
- 1 hour for cake and presents in our party room
- Dance Theme Cake is included -- (*yellow or chocolate*)
- Juice Boxes
- Paper products (Plates, Napkins, Forks, Tablecloth, etc.)
- Birthday Picture

**Guest to provide party favors**

***Abigail Francisco School of Classical Ballet, LLC***

**Waiver and Release from Liability**

I, \_\_\_\_\_, recognize that dance is a physical art and injuries may occur, yet, I do hereby release and forever discharge the Abigail Francisco School of Classical Ballet, LLC, its agents, its employees, instructors and representatives from all claims, demands or claims for relief which may arise from or relate to any and all injury from participation in dance at the Abigail Francisco School of Classical Ballet, LLC. This shall include, but not be limited to, any and all activities in the dance studio, directly or indirectly around the dance studio, or in any other place so designated by Abigail Francisco School of Classical Ballet, LLC including performances and other activities. Further, I understand that in the instruction of dance and in particular, ballet, the touching of the student by the instructor may occasionally occur. This touching will occur only in assisting the student in the proper alignment and execution of dance steps. I hereby authorize the dance instructors to so touch myself or my child in an APPROPRIATE fashion, in order to assist myself or my child.

I understand that video cameras are installed in the studio to insure the safety and well being of myself and/or my child. The information contained on these tapes will be secure and accessible by authorized personnel only. There will be absolutely no viewing, distribution, or access by any persons except where required by law.

I have read this document and fully agree and understand that it is a release of all claims. In an emergency situation, I hereby grant permission for a staff member at the Abigail Francisco School of Classical Ballet, LLC, to seek emergency medical treatment for my child or myself.

**CANCELLATION POLICY:** Once a party is reserved the \$75 deposit will not be refunded and considered your cancellation fee.

I hereby agree to all of Abigail Francisco's School of Classical Ballet Policies.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date