



# Birthday Party Agreement

Birthday Child's Name: \_\_\_\_\_ Will turn \_\_\_\_\_ years of age  
 Parent's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Date of Party (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_  
 Number of Guests: \_\_\_\_\_ Theme: \_\_\_\_\_

### Classic Baby Stars Birthday Celebration

Cost of party for up to 20 children: Non-Members: **\$420** \_\_\_\_\_, Non-Active Members: **\$400** \_\_\_\_\_, Active Members: **\$380** \_\_\_\_\_.

### Birthday Princess Tea Party and Little Chef's Party

Cost of party for up to 20 children: **\$500** \_\_\_\_\_. No discounts provided for Princess Parties.

### Reservations

- **\$200** deposit upon booking to secure date and time of the party
- Deposit is non-refundable and non-transferable and will be used towards your balance at the end of the party
- A \$100 re-scheduling fee will be charged for party rescheduling with less than 15 days notice from original date.

### Additional Fees and Services- Please check all that apply

_____	21-25 children	\$50	For 26 or more kids \$10 per child
_____	Extra 1/2 hour of partying	\$90	
_____	Shared Party Fee	\$50	
_____	Extra Staff Fee	\$50	Applies for overestimated guest number
_____	Popular Character Visit	\$160	For 1 hour, Please Specify Character: _____
_____	Pipo Bunny	\$60	For 40 minutes
_____	Face Painting	\$135	For 1 hour- up to 18 children
_____	Piñata	\$45	Please Specify Piñata Theme: _____

**Remember to Bring:** Five (5) Tablecloths, large and small paper plates, disposable cutlery, cups, napkins, food and refreshment, ice, cake and cake server, balloons, and remind guests to bring socks. **Please no food with NUTS!**

I \_\_\_\_\_ agree to pay Baby Stars for the Birthday party balance regardless if the party is cancelled or incomplete. If I fail to pay the balance the day of the party, I authorize Baby Stars to charge my credit card with the birthday balance fee based on the pre-contracted services and number of guests.

CC Number \_\_\_\_\_ Exp Date: \_\_\_\_\_ Billing Zip: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ VID Code: \_\_\_\_\_

By signing the agreement, I agree to take full responsibility for any damage by my children and/or my guests to the facilities of Baby Stars including toys, furniture, walls & floors. I release from responsibility, and agree to indemnify and hold harmless, Baby Stars, its officers, directors, employees, independent contractors, volunteers from any illness or injury to me, my family members and guests. I understand that it is the responsibility of the adult accompanying any child to supervise and ensure the safety of any child while attending the birthday party and I agree to inform my guests of this policy and take full responsibility for illness or injury that results from the violation by my guests.

**Address:** 3565 NE 207 St. Suite A-9, Aventura, FL 33180 **E-mail:** [edubaby@bellsouth.net](mailto:edubaby@bellsouth.net) **Phone:** 305-466-1886 **Fax:** 305-466-4332

### Office Use Only:

Deposit Amount: \_\_\_\_\_ Deposit Date: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Balance Paid: \_\_\_\_\_