

MYSTICARTSCENTER

CREATIVITY CULTURE COMMUNITY

Birthday Party Request Form

Name of Parent _____

Name of Birthday Child _____

Child's Birth date _____

Mailing Address _____

Zip Code _____ E-Mail _____

Phone (H) _____ (C) _____ (W) _____

Party Date

1st preference: Date _____ Time _____

2nd preference: Date _____ Time _____

3rd preference: Date _____ Time _____

We will do our best to secure your preferred date and time. Please note that this is a request form only and does not confirm your party.

Please mail, email, or fax this form to:

Mystic Arts Center
9 Water St.
Mystic, CT 06355
Fax: (860) 536-0610
(860) 536-7601 x 213
studio@mysticarts.org

How did you hear about us?

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Other _____