

# 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

1<sup>st</sup> preference: Date \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> preference: Date \_\_\_\_\_ Time \_\_\_\_\_

3<sup>rd</sup> 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.

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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?

Current Member     News & Views Newsletter     Mailing     Newspaper

Other \_\_\_\_\_