

Friends of the Ansonia Nature Center, Inc
Phone: 203-736-1053
Fax: 203-734-1672
Email: AnsNatureCtr@ansoniact.org

To be filled out by ANC Staff booking a party:

Party Date: _____
Booked by: _____
Presenter: _____
Today's Date: _____

Birthday Party Registration Form

Parent/Legal Guardian: _____

Child's Name: _____ Age: _____ **Group Size:** _____ *(max of 20 children)*

Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____ Email Address _____

Party Date*: _____ **(Circle day)** Saturday **or** Sunday

*All parties must be booked 3 weeks before the party date.

(Circle time) 10:00 -12:00 **or** 2:00 – 4:00

Program requested (circle one): Mad for Mammals (Rabbit or Guinea Pig) Bird Brains (Ring-neck Dove)

Reptiles Rule (Snake, Turtle, or Bearded Dragon) Creepy Crawly (Tarantula or Hissing Cockroach)

Activity Requested: Craft Hike Coloring page (recommended for 5yo & under)

Fees: \$200.00 for FANCI members
\$225.00 for Non-Members (includes 1 year FANCI Family Membership)

The 2 hour time slots includes: 15 minute setup time by family, 45 minute educational live animal presentation by FANCI, 45 minute food and gift time by family, and 15 minute cleanup by family.

I request that Friends of the Ansonia Nature Center, Inc. provide a program/activity on the above date. I allow my child and his/her guests to participate in provided activity. I understand that said activities include hiking, field studies, and possible exposure to potentially harmful animals and vegetation. I assume all risk and will hold harmless the animals of the Ansonia Nature and Recreation Center, the Friends of the Ansonia Nature Center, Inc, and their agents. In case of illness or injury to my child and/or his/her guests while attending this program, the City of Ansonia, the Ansonia Nature and Recreation Center, the Friends of the Ansonia Nature Center, Inc and their agents have authority to provide medical attention, including sending my child or guests to a medical facility when deemed necessary. I understand that I am responsible for all charges related to medical services if such services are necessary. I understand that the children are the sole responsibility of the hosting parent or the child's guardian at all times. **Initial:** _____

Parent/Guardian Signature: _____

Make checks payable to FANCI (Friends of the Ansonia Nature Center)

Total amount Paid: \$ _____ Check #: _____ FANCI Member (Circle) Yes No