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

Birthday Party Registration Form

Parent/Legal Guardian:				
Child's Name:		Age:		
Address:				
City:		State:	Zip:	
Phone Number:	_ Email Address: _			
Group Size (# of children attending): (max of 20 children)	Please giv	e us your best guess. A ı	range is fine. (ex. 14-20)	
Party Date*:	(Circle day)	Saturday or S	Sunday	
All parties must be booked 3 weeks before the party date.	(Circle time)	10:00 -12:00 c	or 2:00 – 4:00	
Program requested (circle one): M	ad for Mammals (G	uinea Pig) Bird Bra	nins (Ring-neck Dove)	
Reptiles Rule (Turtle or Snake [Ball Pyth	on]) Creepy	Crawly (Tarantula or Hi	issing Cockroach)	
Activity Requested (circle one): Craf	t Hike	Coloring page (recomm	ended for 5yo & under)	
Fees (circle one): \$200.00 for FANC \$225.00 for Non-		1 year FANCI Family Me	mbership)	
The 2 hour time slots includes: 15 minurely by FANCI, 45 minute food and gift time request that Friends of the Ansonia Nature Ceguests to participate in provided activity. I urpotentially harmful animals and vegetation. I as Center, the Friends of the Ansonia Nature Cent	by family, and 15 m nter, Inc. provide a pro- nderstand that said act sume all risk and will ho	inute cleanup by family. gram/activity on the above of the control of the contro	date. I allow my child and his/hei tudies, and possible exposure to he Ansonia Nature and Recreation	
while attending this program, the City of Ansonia Inc and their agents have authority to provide deemed necessary. I understand that I am res understand that the children are the sole respon	a, the Ansonia Nature an medical attention, inc ponsible for all charges	d Recreation Center, the Frie luding sending my child or a related to medical services	ends of the Ansonia Nature Center, guests to a medical facility when it such services are necessary.	
Parent/Guardian Signature: By signing this form, I agree to everything listed above and a	olso eventhing listed on the F	Hithday Party section of ANC's woh	site. Lunderstand that if Living more than	
20 children, and more than 40 people total to the ANC that				
Make checks payable to FANCI (Friends	of the Ansonia Natu	ure Center)		
Total amount Paid: \$	Check #:	FANCI Memb	per (Circle) Yes No	