

Friends of the Ansonia Nature Center, Inc
Phone: 203-736-1053
Booking Email: ansnaturectr@ansoniac.org

<i>Staff:</i>
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): _____ Please provide your best guess, ie. 14 - 20 (**max of 20 children**)

Party Date: _____ (**Circle Day/Time**) **Saturday**, 10 a.m. -12 p.m **or** 2 p.m. - 4 p.m. — **Sunday**, 10 a.m. -12 p.m.

Program requested (circle one): Mad for Mammals (Bunny) Reptiles Rule (Turtle, Snake, **or** Lizard)

Bird Brains (Dove) Creepy Crawly (Tarantula **or** Hissing Cockroaches)

Activity Requested (Circle One): Craft Hike Coloring Page (recommended for 5yo & Under)

Fees (Circle One): \$225.00 for FANCI members
 \$275.00 for Non-Members (includes 1 year FANCI Family Membership)

The 2-hour time slots include: 15-minute setup time by family, 45-minute educational live animal presentation by FANCI, 45-minute food/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 the 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: _____

By signing this form, I agree to everything listed above and also what is listed on the Birthday Party section of ANC's website. I understand that if I bring more than 20 children and more than 40 people total to the party, I will be charged an additional \$125 fee to rent a pavilion, and my party will be moved outside.

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

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