

Friends of the Ansonia Nature Center, Inc

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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): _____ Please give us your best guess. A range is fine. (ex. 14-20)
(max of 20 children)

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 (Guinea Pig) Bird Brains (Ring-neck Dove)

Reptiles Rule (Turtle or Snake or Lizard)

Creepy Crawly (Tarantula or Hissing Cockroach)

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 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: _____

By signing this form, I agree to everything listed above and also everything 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 ANC that I will be charged an additional \$125 fee to rent the pavilion and that 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