



Cheshire Children's Museum Birthday Party Registration

149 Emerald Street Keene NH 03491

Party Date Requested: ____/____/____

Party Time: 10:00 am - 12:00 pm 12:30 pm - 2:30 pm 3:00 pm - 5:00 pm

Child's Name: _____

Date of Birth: ____/____/____

Adults Name: _____

Address: _____

Telephone: _____ Email: _____

Number of People attending: _____

Up to 30 people total | \$225 non-members \$200 members

31 to 50 people | \$325 non-members \$300 members

*** Full payment is due upon making a reservation

If cancelled more than 14 days prior to the party, a \$100 fee will be retained

If cancelled less than 14 days prior, 50% of cost will be retained

Optional party add on:

CUPCAKES  \$25 per dozen

Select up to two cake flavors Chocolate Vanilla Funfetti Carrot

Select up to two frosting flavors Chocolate Vanilla Peanut Butter Cream Cheese

Add ons: Sprinkles Candle

Number of Boxes: _____

(1 box= 1 Dozen)

TOTAL PAID

\$

Date of Booking:

____/____/____

Date confirmed:

____/____/____