

Party Registration Form

Office Use Only

Paid Deposit _____

Today's Date:		
Party Activity	Date of Party	
Birthday Person	Age Child is turning	
Address	Town	
StateZipSchool_		
Favorite 2 Colors&		
Home Phone	Number of Party Attendees	(Estimate)
Cell Phone	_ E-Mail	
Mother's Full Name	Work Phone	
Father's Full Name	Work Phone	
List any health issues or allergies of	the birthday child:	
******You MUST confirm your final in the party by calling VCA at (860)	number of children attendees at leas 354-4318.******	t one day before
signed	TODAY'S DATE	_
9	with your party deposit of \$50.00 in a	<u> </u>

 $V^{\square}A$ 12 Main Street, New Milford, CT Thanks for partying with us at the $V^{\square}A$

Make checks payable to:

