

Shawnee Playhouse

Birthday Party Registration

Contact Name:		E mail:	
Phone Number:		Today's Date:	
Cell Number:			
Date of Party:		Time of Party:	
Birthday Child's Name:		Boy / Girl: <i>(please circle one)</i>	
Movie to be screened:			
Number of People expected to attend:			
\$60.00 Deposit Paid? Yes / No <i>(please circle one)</i> Balance Due: \$ _____			
Deposit Received by:		Date :	
Special Instructions:			
I understand that there may be additional fees for special services such as Spot Light, CD Player, etc.		Please Initial	

**** The Shawnee Playhouse is not responsible for lost or stolen items.**

If any persons are allergic to peanuts or peanut products, please inform us before the start of the party. We are not responsible for any allergic reactions.

Cancellations less than 72 hours of arrival time will result in forfeiture of deposit.

Customer Signature: _____ Date: _____

Manager Signature: _____ Date: _____

www.TheShawneePlayhouse.com

570-421-5093