

SHAWNEE PLAYHOUSE BIRTHDAY PARTY REGISTRATION

Contact Name _____
Phone number _____
Address _____

Birthday Child's Name _____
Date of Party _____

Party Choice:

1.) Movie _____

2.) Magic Show _____

Add on (extras) _____

3.) Children's Theater Show _____

4.) Mad Science _____

A) Mad About Blue _____

B) Mad Science Slime _____

Add on (extras) _____

Set Up Requirements: _____

Number of people expected to attend _____

Deposit Paid (minimum of \$75): Yes / No

Date pd. _____

How Pd. _____

Balance Due: \$ _____

The Shawnee Playhouse is not responsible for lost or stolen items. If any persons are allergic please inform us before the start of the party. We are not responsible for allergic reactions.

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

Customer Signature _____

Manager Signature _____

Shawnee Playhouse
PO Box 159
Shawnee on Delaware, PA 18356
570-421-5093
www.TheShawneePlayhouse.com