

Party Registration Form

The Emri Road Studio

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Thank you for choosing Emri Road Studio for your celebration! Please complete the following information to reserve your party date and help us prepare for your creative gathering.

Party Information

Birthday Honoree Name: _____ Age: _____

Preferred Party Date: _____ Time: _____

Estimated Number of Guests: _____

Party Package Selected:

- ☐ Canvas Kids Party ☐ Creative Celebration Party
☐ Creative Gathering (Adult) ☐ Signature Studio Gathering (Adult Premium)
☐ Other: _____ \$ _____

Parent / Booking Contact Information

Parent / Responsible Adult Name: _____

Phone Number: _____

Email Address: _____

Mailing Address: _____

Art Project Selection

Please select your preferred guided art project or studio theme:

Would you like to add pre-drawn canvases for guests?

- ☐ Yes
☐ No
If yes, how many? _____

Staff Use Only
_____ \$/_____ ST\$: _____

Add-Ons & Enhancements

- ☐ Additional Guests: _____
☐ Extended Time (subject to availability)
☐ Upgraded Materials / Specialty Project
☐ Mixed Media Upgrade

Staff Use Only
\$ per/guest: _____ ST\$: _____
Total Time: _____ \$/30 min: _____ ST\$: _____
Specifications: _____ ST\$: _____
Specifications: _____ ST\$: _____

☐ Other: _____

Food & Celebration Details

Will you be bringing snacks, cake, or refreshments?

- ☐ Yes
☐ No

Please note: Open food and beverages must remain in designated celebration areas and are not permitted at art tables. Drink containers may be permitted. No alcohol on premises.

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Age & Participation Notes

Our parties are thoughtfully designed for ages 5 and up. Younger siblings may participate with modified or simplified projects when possible.

Please note any younger attendees or accommodations requested: _____

Photography & Media Release

We may occasionally photograph or film portions of studio events for website, social media, or promotional use. No personal identifying information will be shared.

- ☐ Yes, I give permission for photo/video use
☐ No, I do not give permission

Booking & Policy Acknowledgment

By signing below, I acknowledge that I have read and agree to the Emri Road Studio Birthday Party Policies, including timing, studio expectations, supervision responsibilities, participation guidelines, and cancellation terms.

A non-refundable deposit is required to reserve your party date.

Printed Name: _____

Signature: _____ Date: _____

Studio Use Only

Total Amount: _____

Deposit Paid: _____ Date: _____ Payment Method: _____

Party Balance Due: _____ Date Paid: _____

Date Reserved: _____ Staff Initials: _____

Staff Notes: _____
