

Party Permission Slip

Guest's Last Name First Name Age Birthdate M/F

Names of Guest's Parents (First & Last)

Mailing Address City Zip

Home Phone Mobile Phone (mom) Mobile Phone (dad)

With the understanding that all images will be labeled with guest's first name and age only, Museo Art Academy has my permission to include images of my child participating in the party on its online gallery and memory book.

yes no

I would like to receive email announcements regarding upcoming promotion and events.

yes no

Email Address *You may choose to remove yourself from the mailing list at any time.*

Does your child have any special needs that we should be aware of to make his/her studio experience a positive one? If yes, please explain on the back side of this form (include any food allergies.)

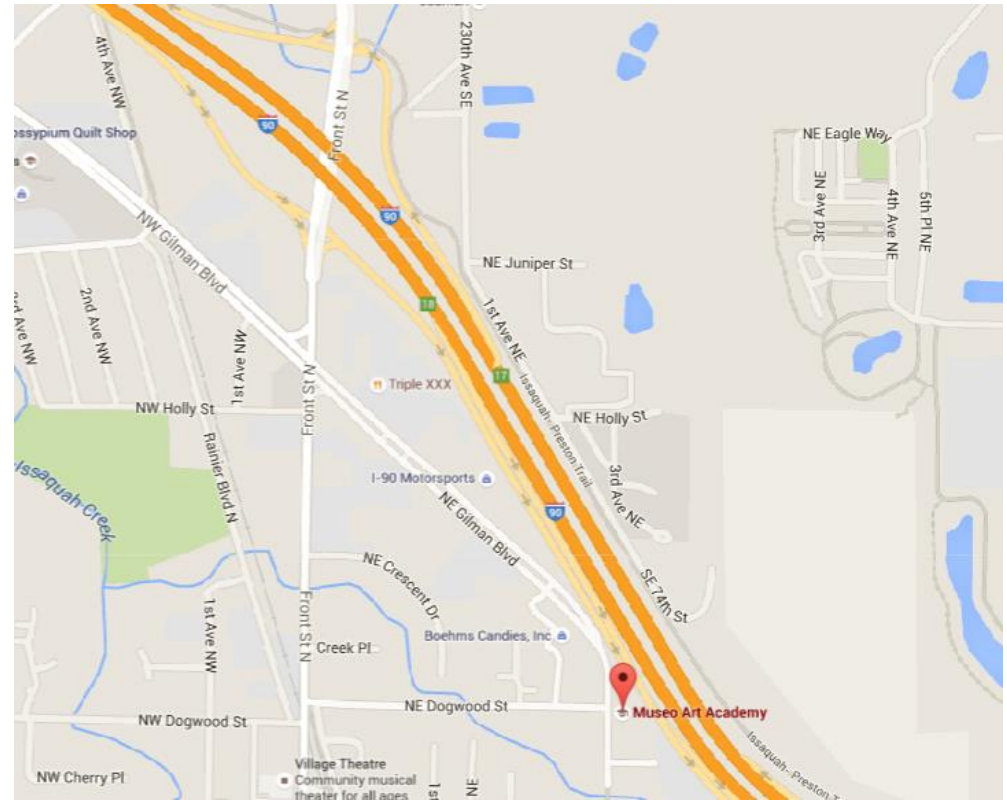
yes no

In the event of a medical emergency, I accept full responsibility for any accident or injury that may occur and request that my child be admitted to any hospital or medical facility for diagnosis and treatment.

X _____

Parent Signature

Date



Located at the SE end of Gilman Blvd. Just past Boehm's Candies, turn LEFT and then take an immediate RIGHT into our parking lot.



Museo Art Academy

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