

Fearless Friday Empowerment Birthday Parties

Thank you for choosing the Fearless Focus Empowerment Program for your upcoming event. We look forward to making inner beauty and fun a part of your special day!

Event Date:	Event Time:	Pa	arent's Name:		
Child's Name		Age Child i	s Turning:	Phone:	
Event Date: Child's Name Address	C	ity	State	Zip Code	
Email:		Total Numbe	r of Guests (inc	c. birthday girl):	How
Email:did you hear about Fearle	ss Focus?	·			_
The fin	al balance is due on t	the day of the p	arty. We accep	ot cash, checks, or Venr ed, even if there are n	mo.
All packages include the	following:				
1 Party specialistMusic provided by	big, beautiful studio t and 2 -3 assistants d Fearless Focus (opt d confidence lessons	epending on theional)	e number of gu	ests.	
You Provide:					
available and cupAdditional decoratGoody Bags / Par	s are needed if not p ions are permissible.	roviding juice b		ase keep in mind no re	frigeration is
A \$175.00 non-refundable cancel or postpone an eve				nt. Fearless Focus rese	erves the right to
	Participant A	greement, Rel	lease and Liab	ility Waiver	
The undersigned assumes a Fearless Focus, and hereby r and agents from any and all using the facilities. I certify th willing to assume the risk of responsibility to notify Fear and is able to participate in you will be notified immediate. I further grant Fearless Focus	eleases and discharges claims and damages in at my child is physically any medical or physicalless Focus, and if Fea all activities and progly, and your child will by	Fearless Focus connection with able to participal condition that r rless Focus is n grams. Should y unable to particip	, its subsidiaries, or arising out of the in all activities my child may have to the interior of the interior out notified, it will bur child have he pate in the classe	affiliates, owners, partners participation in the afores without aid or assistance ve. Should my child havil assume that your child ad lice or any potentially cas or program until such me	s, employees, instructors, said classes, programs or all further certify that I am the any allergies, it is my I has no known allergies contagious skin condition, edical issue is addressed.
my or my child(ren)'s name, materials.					
Signature of Parent/Guard	 lian	Date			

Office Use Only: Deposit \$_____ Balance \$____



Please <u>CHECK</u> your Party Package Selection below:

*Please note that Fearless Friday Birthday Parties are held at:

Maria Wood Studios

15 Columbia Road, Suite #3, Pembroke.

781-826-0241