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SUWANEE, GA 30024
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Email: INFO@WONDERCOLORSARTSTUDIO.COM

Friend's Night Out

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Day of the event: _____

Fee: \$21 per person.

\$50 deposit is required to reserve the night. The remaining balance is due on the night of the event.

Deposit is non-refundable.

Number of guests: _____ Total amount: _____

Deposit: _____ Balance due: _____

Method of Payment:

Cash Check Credit Card: Visa, MC, Amex, Discover

Credit Card # _____ Exp: _____

Name on Card: _____

Signature: _____ Date: _____

Yes, I give permission to Wonder Colors Art Studio to use my photos in publications and/or website.

Waiver Form:

I/We participating in Wonder Colors Art Studio hereby acknowledge all risk for any injury, loss or damage of any nature while participating in Friend's Night Out. It is further acknowledge that Wonder Colors Art Studio and the teacher/s of the class accept no responsibility or liability whatsoever for any injury, loss or damage to participants or participant's personal equipment. In the event of injury or sickness during the event, I will allow the studio staff to take necessary action to provide emergency assistance.

Signature

Date