



Fantasy World

“Custom Art Experience”

Date: _____

Name: _____

Address: _____

Phone Number: _____ Email: _____

Event Details

Subject (theme): _____

Date of event: _____ Number of Guest: _____

Canvas Size: _____ Colors: _____

Experience:

Music (based on theme / person): _____

Guest special considerations _____

Material

- | | |
|---|---|
| <input type="checkbox"/> Jewels | <input type="checkbox"/> Buttons |
| <input type="checkbox"/> Glitter | <input type="checkbox"/> Mod Podge |
| <input type="checkbox"/> Wrapping Paper | <input type="checkbox"/> Beads |
| <input type="checkbox"/> Ribbons | <input type="checkbox"/> Construction Paper |

Follow-up date to finalize details: _____

- Number of confirmed Guest _____
- 30% Non-refundable deposit _____
- Date of deposit: _____



Payment:

Credit/ Debit Card# _____ Exp. Date _____ Am Exp. MC/VISA

Cvv Code: _____ Signature of Card Holder _____

Signature of Client (if not the cardholder) _____

Date Due: _____ **Date Delivered:** _____

Date Delivered: _____