



Priceless Treasures

“Custom Art Experience”

Date: _____

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Subject (theme): _____

Event Details

Date of event: _____ Number of Guest: _____

Art Experience Theme?

- | | |
|---|---|
| <input type="checkbox"/> Kid's Birthday Party | <input type="checkbox"/> Adult Birthday Party |
| <input type="checkbox"/> Office Party | <input type="checkbox"/> Church Event |
| <input type="checkbox"/> Seasonal Party (<i>Halloween, Christmas</i>) | <input type="checkbox"/> Baby Reveal |
| <input type="checkbox"/> Baby Shower | <input type="checkbox"/> Business Event |
| <input type="checkbox"/> School Event | <input type="checkbox"/> Other _____ |

Details

Guest of Honor Name _____

- Age _____
- Gender _____
- Colors _____
- Painting Subject _____

Guest of honor special considerations _____

Follow-up Date to finalize details _____

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

Special Instructions: _____



Payment:

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

Cvv Code: _____ Signature of Card Holder _____

Signature of Client (if not the cardholder) _____

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

Cvv Code: _____ Signature of Card Holder _____

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