



MARITIME DANCE ACADEMY

36 Duke Street, Bedford, N.S. B4A 2Z5
Bedford: 902-835-5776 maritimedance@eastlink.ca Halifax: 902-443-3144

Birthday Party Contract (Bedford)

Name of Birthday Child: _____ Age at Birthday: _____

Responsible Party's Name: _____

Phone: _____ Email: _____

Where or how did you hear about us: _____

Party Location: _____ Bedford _____ Saturday DATE: _____ Time: 1:30-3:30 _____

How many children will attend (max 15): _____ Age range: _____

Dance style: _____ Theme request: _____

Party Options (circle choice):

- 1- One hour dance class in the style and theme of your choice (by request) along with props to suit the theme. Followed by one hour in our café/common area with MDA support.** \$150+tax for up to 10 children (5 additional children may be added at \$10+tax per child). MDA will supply tables/chairs, 1 slice of pizza per child, 1 juice box (or water) per child, popcorn, and a small treat bag for each child. (Families are responsible for decorations, tablecloth, cake, additional snacks, plates, utensils, napkins). MDA staff will help with the café portion, however the parent (adult responsible for the party) should plan to decorate and help distribute food. Extra pizza may be ordered by request, and added to party cost. (Max 20 attendees including parents)
- 2- One hour dance class (as described in option 1) followed by use of the café/common area, with nothing supplied by MDA and limited staff support.** \$125+tax for up to 10 children (5 additional children may be added at \$10+tax per child). (Max 20 attendees including parents)

Please note that the studio is open during parties and classes will be running. A responsible adult must ensure that party attendees are behaving in an acceptable manner. Everyone entering our facility must follow current public health protocols, which may include proof of vaccine. Please arrive 15 minutes early to greet your guests.

A \$50 non-refundable deposit is required at time of booking to secure your party date and time. Balance (including any additional expenses) is due in full at the party.

Deposit payment (circle) Credit Cash Debit Date Paid: _____

Card # _____ exp _____ cv# _____

Card Name _____ Signature: _____

MDA Signature: _____ Date: _____ Teacher: _____