



Party Contract

Name: _____

Event: _____

Email: _____ Phone: _____

Date/Time: _____

of guests: _____ Age: _____

Painting: _____

Special Requests? _____

By signing this contract, I agree and understand the services set up on the party information sheet for Faithful Strokes Art Studio. I understand the studio fee is non-refundable and I am responsible for the unpaid balance at the end of the party.

If I serve alcohol at my party, I am responsible for the safety and behavior of my guests. **Faithful Strokes Art Studio is not liable.**

Signature: _____ Date: _____

Studio fee paid/date: _____

Balance due paid/date: _____

