

Family Fun Nights



Name _____

Home address _____

City/State/Zip _____

Daytime Phone (_____) _____ Cell Phone (_____) _____

Email Address _____

How did you hear about the program? _____

Space is limited. Completion of this form does not guarantee placement for the event. Registrants will receive written confirmation. Please complete and return to the Sales and Reservations Coordinator, as soon as possible. **All tickets are non-refundable and non-transferable.** All Family Fun Nights are 6 – 8:30 pm.

Please check programs for registration:

- | | | | | |
|---|--------------------------|----------------|------------------|-------------------------|
| <input type="checkbox"/> March 14 | Nate the Great | # Adults _____ | # Children _____ | # Infants under 1 _____ |
| <input type="checkbox"/> April 11 | Curious George | # Adults _____ | # Children _____ | # Infants under 1 _____ |
| <input type="checkbox"/> April 12 | Curious George | # Adults _____ | # Children _____ | # Infants under 1 _____ |
| <input type="checkbox"/> June 13 | Miss Bindergarten | # Adults _____ | # Children _____ | # Infants under 1 _____ |
| <input type="checkbox"/> August 15 | Clifford | # Adults _____ | # Children _____ | # Infants under 1 _____ |

Please select **1st choice** story time:

- 6:30 pm (6 pm dinner)
- 7 pm (6:25 pm dinner)
- 7:30 pm (6:45 pm dinner)

Please select **2nd choice** story time:

- 6:30 pm (6 pm dinner)
- 7 pm (6:25 pm dinner)
- 7:30 pm (6:45 pm dinner)

Please check member or non-member box:

- \$10/ member Member # _____ \$12/non-member

(Children under 1 are free) Total Cost: \$ _____

Form of Payment:

VISA MasterCard AMEX Card No. _____

Exp. Date _____ Name as it appears on card: _____

For express registration, please call our Sales and Reservations Coordinator at 203 899 0606, ext. 247 Monday through Friday, 8 am – 4 pm. Fax 203 899 0530 Financial assistance is available.

For Internal Use Only

Initials _____

Vista # _____

Date _____