

PLEASE FILL OUT THIS FORM AND I WILL GET BACK TO YOU WITH A QUOTE.

Thank you so much for your interest in having a painting party, I look forward to meeting you soon!

To get a better feel for the type of event you are looking for could you please let me know if it would fall into one of these categories:

- Team building (corporate)
- Birthday celebration
- Friends / family gathering

Name:

Address:

Phone number:

Number of participants:

Anyone under the age of 18?

Date / time of interest:

What type of party would you like? (Choose one)

- Introduction to mixed media
- Painting an abstract bird using a template
- Watercolor flowers, wet and wild
- Creating an abstract painting with stencils

Choose one:

Based on an image we produce a painting customized to your liking, then I will walk you through each step so that everyone has the choice to produce the same or a similar painting

OR

Guests will be lead through a few exercises, then taught a variety of techniques to produce unique artworks for each person; I will provide individualized guidance for each guest.

PLEASE NOTE:

WHAT YOU NEED: TABLES, CHAIRS, AND A SHADED AREA WITH ACCESS TO WATER. Length of party is two hours.

Email form to: shericreatesart@gmail.com

WHAT YOU CAN EXPECT FROM ME: I will get back to you to confirm or deny your request. Upon agreement, it will be understood a 50% deposit will be required to hold your booking and should be sent within 48 hours, in addition to a signed waiver.

REFUNDS / CANCELLATIONS:

100% of your deposit will be returned if cancelled within 10 or more days ahead of the scheduled event.

50% of your deposit will be returned if cancelling within 7 - 10 days of the scheduled event

0% of your deposit will be returned if cancelling less than one week ahead of the scheduled event

PLEASE NOTE, COST QUOTED:

May include a fee for additional travel time / gas surcharges depending on your location.

Waiver:

ABILITY TO ENGAGE IN ART ACTIVITIES AND ASSUMPTION OF THE RISK

Sheri Creates Art takes all possible precautions to reduce risk and provide safe, healthy and enjoyable experiences. The client warrants that they or their child is able to follow directions for all activities in the studio/class. The client acknowledges that risks from participation in class activities exist and that the client has allowed themselves or their child to attend art class knowing these risks and their possible consequences including personal injury.

WAIVER AND RELEASE OF LIABILITY

The client agrees that they will not hold Sheri Creates Art liable for any personal injury, property damage or loss of insurance. The client agrees to release and hold harmless Sheri Peters, from all liability incurred as a result of the client's or client's child's participation in the studio/class and that these terms serve as a release for the client, volunteers, property owners and members of the client's family.

Signature:

TO BE COMPLETED BY SHERI PETERS (BELOW)

Dates / time of agreement:

Require supplies:

Price per student:

Total price per student =

Payable in cash or e-transfer. Credit / debit card payment will be charged a 3% service fee.

Deposit of _____ due on:

Signature:

This portion should be filled out after you receive a confirmation from me and this paper back with a signature. If it looks fair to you and you would like to proceed kindly sign the bottom of this page agreeing to the cancellation policy and send a deposit of 50% within the next 48 hours. Deposits can be paid via e-transfer to shericreatesart@gmail.com. If you prefer to pay with a credit card kindly let me know and I will issue an invoice for you. There is a 3% convenience fee for this service.

CANCELATION POLICY

*Cancellations due to sickness up to 24 hours ahead will be **rescheduled** at no additional charge.

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0% of your deposit will be returned if cancelling less than one week ahead of the scheduled event

All scheduled events must have a 50% deposit in place in order to confirm the dates and times.

I understand the cancellation policy and agree with the waiver & quote provided.

Signature of participant:
