



Crimson Cavalette Birthday Party Registration

Guest of Honor: _____ **Age:** _____

Date of Party: _____ **Time:** _____

Address of Party: _____ **# of Guests:** _____

Party Theme: _____

Favorite Songs: 1. _____
2. _____
3. _____

Favorite Color: _____

Parent's Name: _____

Phone: _____

Email: _____

I release and hold harmless KISD, its employees, the Crimson Cavalettes and their Booster Club from any liability for any injuries that might occur.

Signature: _____ **Date** _____

The Crimson Cavalettes have permission to use any photographs of the above child for publication in community releases, Cavalette video, our website or social media.

___Yes ___No

Please make your check payable to OTHS Crimson Cavalette Booster Club

Thank you for your support, we hope you enjoy the party!!!

OTHSCCBC use: amt paid \$ _____ Ck# _____