



**APPEARANCE AGREEMENT FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_

Day / Date of Appearance: \_\_\_\_\_

Time of Party: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Time you would like appearance to begin: \_\_\_\_\_

Appearance Location: (please provide actual address and/or name of venue):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Princess Choice: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Please Check Package Option:

1/2 Hour Appearance · \$95.00  1 Hour Appearance \$150.00

Travel Expense:

(There will be an additional charge for any appearances out of The State of Rhode Island)

*This agreement hereby states that the Customer agrees to hold and keep harmless Princess Parties of RI, it's owners and/or employees from any and all property damages and/or bodily injury damage that may occur by the customer there guests and/or any other persons attending the appearance. Please return a completed and signed copy of this contract, along with a 50% deposit (check or money order only - Made Payable to **Marylou Bettencourt**) to **Princess Parties of RI, PO Box 17161, Smithfield, RI 02917**. There is a \$20 NSF fee for all returned checks. The remaining balance is to be paid in cash or money order only upon arrival . All reservations will be confirmed the night before by a Princess Parties of RI representative.*

**POLICIES**

**Photos:** Princess Parties of RI will provide you with the copies of photos that are taken by our staff at the appearance. All photos mentioned above do become the Property of Princess Parties of RI and may be used as Promotional Material for the business.

**Parent Attendance:** We ask that the parent(s) of the birthday child please stay for the duration of the party to attend to possible needs of the children. The parents of guests are welcome to stay and enjoy the fun, but we ask that onlookers keep the noise level to a minimum so the children do not get distracted and can enjoy the appearance

**Maximum Attendance:** Parties are generally designed for up to ten children. We prefer to keep it to ten or less children, but can occasionally make exceptions for larger numbers. If you are expecting more than 10 children please let us know so we can make the appropriate accommodations.

**Atmosphere:** We request that parents, friends and siblings present at the party be respectful to the princess guest. Should at any time the princess feel uncomfortable or be unable to continue her duties because of the behavior of those present, she will no longer continue and leave with payment in full. Behaviors such as but not limited to lewd or crude comments, the use of drugs, indoor smoking, unwanted touching or advances, physical or verbal abuse of children and the display or use of weapons will not be tolerated. Upon arrival, should the princess guest feel uncomfortable coming from her vehicle to the party, she will call and ask for an escort from her vehicle to the party.

**Liability for Damage:** We appreciate your consideration by ensuring that our property is treated gently and carefully. You are financially liable for any damage incurred to our property, including the princess gown and/or any props or company belongings.

**Payments:** All checks should be made payable to "Marylou Bettencourt"

**NSF:** There is a \$25 bank fee for any check that is returned with NON SUFFICIENT FUNDS.

**Cancellations and Refunds:** If you must cancel your party for any reason, the following refund policy applies: We will refund your deposit (if any), minus a \$25 cancellation fee. If you need to reschedule for any reason, we will do our best to offer an alternative party date for your consideration.

**Travel Fees:** A \$25 traveling fee will be charged when travel exceeds out of state lines. Additional fees may apply if outside the coverage area.

**Gratuity & Tipping:** A gratuity is not required, but it is appreciated!

I hereby agree to the policy and terms above

\_\_\_\_\_   
 Customer Signature

\_\_\_\_\_   
 Date

INTERNAL USE ONLY			
Deposit Received	<input type="text"/>	Date	<input type="text"/>
Balance Due	<input type="text"/>	Check/ MO #	<input type="text"/>
Balance Paid	<input type="text"/>	Cash/Check/MO #	<input type="text"/>