

## BIRTHDAY PARTY REGISTRATION

Child's Name:	
Birthdate:	
Date of Party:	
Time of Party:	
# of Guests	

Parent or Guardian:	
Address:	
City:	
Postal Code:	
Phone #:	
e-mail:	

### GUESTS

	First Name	Last Name	Age	Phone #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Additional Children:				
13				
14				
15				

Please complete and return with full payment to Gym Magic Gymnastics Club, Inc.  
 Cancellations must be made within 5 days of party to receive full refund  
 Additional fees will be charged for extra supplies- other than birthday participants (parents etc.)  
 Please supply your own napkins/plates, drinks for those not listed above.  
 There will be a \$45.00 charge for all NSF cheques. **\$50 Deposit non-refundable.**

Parent or Guardian Signature

Date

### OFFICE USE ONLY

Fee:		Coach:	
Add'l Child @ \$ /ea		Booked:	
Total:		Receipt #:	