## **BIRTHDAY PARTY REGISTRATION**

Birthday Child's Name		Birthday Child	I AgeMale/Female
Parent Name		Phone No	
Address		City	Zip
Email			
Party Date	Activity Time	Treat Time	Swim Time
Number of Guests	Approximate Age	of Children Attending	J
Amount Paid at Registration	Check #	Date	Shirt Size
Special Comments/Requests:			
A minimum of four weeks' reschedule your party or received with a control of the	rty must be cancelled, the follonotice is required for the cancel equest a refund.  and other classes may be shated the above regarding cancel exercises.  10 children, including the birth of the concentration of the con	ring the gym at the same lations/rescheduling/refunctions/rescheduling/	e time as my party.  unds  ******************  ach additional child (45 min gym time/30 day child, \$10.00 for each additional child g the birthday child, \$10.00 for each; \$225.00 for up to 10 children, including in in treat area). Fee is due upon a purchased for \$15.00. Extra treat time is ill be charged if unscheduled time is  ponsible for clean up in the treat room. We in checked.  Release from AAI to send out to guests,  In parties. Towels are recommended for a gy \$10.00 deposit for use of the treat is will be taken off and placed in the lets them for their activities in the gym.  In e party wherever they go. © Remind is be prompt when exiting the treat room, cleaning supplies needed, bring trash to
Party Date			

Activity Time \_\_\_\_\_\_ Treat Time \_\_\_\_\_ Swim Time\_\_\_\_\_