BIRTHDAY PARTY REGISTRATION

Birthday Child's Name		Birthday Child Age	Male/Female
Parent Name		Phone No	
Address		City	Zip
Email			
Party Date	Activity Time	Treat Time	Swim Time
Number of Guests	Approximate Ag	e of Children Attending	
Amount Paid at Registration	Check #	DateS	Shirt Size
Special Comments/Requests:			
A minimum of four weeks' reschedule your party or re (initial) I understant I have read and understant Customer Signature********************************	and other classes may be shed the above regarding cancer ************************************	aring the gym at the same time ellations/rescheduling/refunds ellations/rescheduling/refunds extractions/rescheduling/refunds extractions/r	*********** ditional child (45 min gym time/30 min \$5.00 for each additional child (1 hou child, \$5.00 for each additional child children, including the birthday child e upon registration. The birthday eat time is \$25.00 per 15 minutes; d time is used in either room. We ked. See from AAI to send out to guests, es. Towels are recommended for \$10.00 deposit for use of the treat re taken off and placed in the tem for their activities in the gym. Wherever they go, there is

Activity Time _____ Treat Time _____ Swim Time_____