

BIRTHDAY PARTY REGISTRATION

Name of Birthday Child:						
Age Being Celebrated:	_ Sex: □Ma	le 🛘 Female	Member: □Yes	□No		
Party Date:						
Party Times: ☐Saturday	: 3:30	□Sunday: 12:00 □Sunday: 1:45 □Sunday: 3:30				
Approximate number of guest Please call one week in advance						
Parent Name(s):						
Address:		City:	Zip:			
Home/Cell Phone:		Work Phone:				
Do any of the children have sp	ecial needs? (If ye	es, please explain):	□Yes □No			
A \$100.00 non-refundable dep Amount is due the day of your		hen you reserve yo	ur party. The rema	aining		
*Absolutely NO adults are allow important rule, the party will have of the adults. Thank You!	= -					
Signature Required:						

You need to include with your invitation the following information: Guests should wear
comfortable clothing (no jeans, no clothing with brads, loops, etc). The children will
participate with bare feet. Long hair needs to be put up so that it does not get caught In the
equipment.

Please return this for	n and deposit to:	Elevate Gymnastics	Academy, 3132	Dwight Road #100,
Elk Grove, CA 95758.	Please call 916-39	93-3993 with any qu	estions.	

Office Use Only:					
Deposit of \$	_ paid on (date)	by: Ck	Cash	Charge	ATM