

Okanagan Gymnastics Centre Birthday Party Registration Sheet

Family Last Name: _____ Address: _____ Phone: # _____

Contact Person: _____ #of Participants _____ Age Range _____

Birthday Person: _____ Age: _____ Birthdate: _____

Today's date: _____ Party Date: _____ Gym Time: _____

Party Room: _____

	Gymnast's Name	Home#	Born Mth/day/yr	Age	Address Street, City, PC
1.					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Date Paid	Method	Amount	Special notes:	Staff

NOTE: This form is to be returned on the day of the party with those children attending the party included. Only children listed on this list are to be in the gym. This form is sent to Gymnastics BC and is your registration and insurance form.