



Birthday Party Reservation Form

Contact Information:

Name of parent: _____

Address: _____

Phone #: _____

Birthday boy/girl name: _____

Age they are turning: _____

Party date requested: _____

Party time requested: _____

Expected guests: _____

Deposit received*: _____

* To be filled in by office staff. Final amount due the day before party and determined after final guest count.

Email completed form to wpagymnastics@gmail.com or drop off at the gym. Date and time is reserved after deposit is received.