



Student Name:	Parent Name: _		
Contact Number:			
Birthday Party Date & Tin	ne:		
Number of kids participati	ng:		
Cost			
\$200.00 non-refundable deposit =		=	
Standard cost (for 10 children) = (\$250 for member / \$275 for non-member)			
Additional cost @ \$10.00 Per additional child	(10 x) =		
	Total	=	
	Amount paid	=	
Paid on:	Balance remaini	ng =	
Method of Payment			
Cash Check	Credit Card		
Card Number:			
Expiry Date:	Signature:		