

EVOLUTION DANCE & FITNESS STUDIO INC.

Birthday Party Registration Form

Party Date - _____ Time _____ Family Identification # _____

Birthday Child: * Name - _____ Age - _____

Birth Date - _____ Health Card # - _____

Parents Name - _____

Address - _____ City - _____

Postal Code - _____ E-Mail Address - _____

Home Phone - _____ Cellular - _____

Medical Information: Please describe any allergies, injuries, and/or medical conditions

***BONUS – All Evolution Students receive \$25.00 off the booking of their Birthday Party**

Amount	\$	<u>200.00</u>	(maximum 25 children)
+ 13% HST	\$	_____	
Sub-Total	\$	_____	
- Less Discount*	\$	_____	
- Less Deposit	\$	_____	

Total Amount Owing \$ _____

****Please note each additional child (over the maximum 25) is an extra \$10.00 per child****

All birthday parties are booked for a 2 hour timeslot which includes set-up/clean up time.

An overtime fee is applicable for every 10 minutes over the allocated 2 hour timeslot.

Method of Payment - ___ Visa ___ MasterCard ___ Debit

Credit Card Number _____ Expiry _____ Code _____

Name on Card _____ Signature _____

Date

Parent/Guardian Signature

I hereby give permission and authorize Evolution Dance & Fitness Studio Inc. to debit my Credit Card as indicated above for the amount shown.