

BIRTHDAY PARTY REGISTRATION FORM



EVOLUTION
DANCE STUDIO

Family Identification #: _____

Party Date: _____ Time: _____

PERSONAL INFORMATION

Birthday Child Name: _____ Age: _____

Birth Date: _____ Health Card: _____

Parent Name: _____ City: _____

Address: _____ Postal Code: _____

Email Address: _____ Phone: _____

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

COST INFORMATION 2-hour party / Maximum 25 children**

Amount: \$ 350.00 Less Discount*: _____

13% HST: \$ 45.50 Less Deposit: _____

Sub-Total: \$ 395.50 **Total Amount Owing:** _____



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

METHOD OF PAYMENT

Debit Visa Mastercard Cheque Number # _____

Credit Card Number: _____ Expiry: _____ Code: _____

Name on Card: _____ Signature: _____

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

** 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.

DATE _____

PARENT/GUARDIAN SIGNATURE _____

