ALTADORE GYMNASTIC CLUB

Birthday Party Guest List

Please provide a completed copy of the guest list by the date of the party. Only participants on the list will be permitted in the gym, for insurance purposes. All participants must also provide a waiver.

Party Date: _____ **Party Time:**_____

Birthday Child First and Last Name: _____

Participant's First & Last Name	Parent's Name	Phone Number	Date of Birth	Medical/Allergy Info

Questions? Email admin@altadoregym.com or call 403-720-2711