

EVOLUTION DANCE & FITNESS STUDIO INC.

2011/2012 Birthday Party Registration Form

Party Date - _____ 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)
- Less Discount*	\$	_____	
+ 13% HST	\$	_____	
Total Amount	\$	_____	
- Less Deposit	\$	_____	
New Total Amount	\$	_____	

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

Method of Payment - ___ Visa ___ MasterCard ___ Debit

Credit Card Number _____ Expiry _____

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.