



**QUINTE BAY
GYMNASTICS**

Birthday Child - Celebrating Age	Parent Name
Date & Time of Party	Phone Number

Please submit a participant list and all waivers to the birthday party host.

Birthday Party Participant List				
Waiver or Member (M)	Participant Name	D.O.B.	Emergency Contact	Emergency Phone #
1	Birthday Child			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
Additional Supports (Adults, children entering the facility)				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				