



Birthday Party Registration Form

Birthday Child's Name (First and Last): _____

Requested Date for Party (Saturdays only): _____

Requested Party Package: _____

Handstand Package: With our handstand package, you receive the entire gym for 2 hours. We will provide plates, forks, and table cloth for the party. A minimum of 10 children is required with a \$50.00 non-refundable deposit.

Cost: 10 guests \$150.00, 15 guests \$175.00

Cartwheel Package: With our cartwheel package, you will receive the handstand package as well as 1 slice of cheese pizza, and a lemonade juice box. A minimum of 10 children is required with a \$50.00 non-refundable deposit.

Cost: 10 guests \$175.00, 15 guests \$200.00

Requested Time for Party: ___ 1:00pm - 2:30pm ___ 3:00pm - 4:30pm ___ 5:00pm - 6:30pm

Name of Adult Responsible for Party: _____

Address: _____

City/State/Zip Code: _____

Home/Cell Phone: _____

Business Phone: _____

Email Address: _____

Estimated Number of Party Participants (A minimum of 10 children is required):

Adults _____

Children _____

Please call to confirm your requested date at **434.993.3533**. We accept cash, check, Visa or MasterCard.

Mail or drop off this registration form to:

Elite Athletics
1481 Building 2 Doss Road
Concord, VA 24538