



# Birthday Party Guest List

Guest of Honors Name(s): \_\_\_\_\_

Phone # \_\_\_\_\_ Party Room: \_\_\_\_\_

Date of Party: \_\_\_\_\_ Time of Party: \_\_\_\_\_

	Name (First & Last)	Gender	Age	Phone #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				

All participants are insured for a one-time visit by Gymnastics BC. We are required to collect this information on behalf of GBC who must provide it to AllSport insurance in order to validate this insurance coverage.

Please complete and return this form at the time of your party to the head coach. Thank You!