



Date: \_\_\_/\_\_\_/\_\_\_

# Guest Form

Please Circle: Mr. Mrs. Ms.

Parents' Names \_\_\_\_\_ Parent(s) also guests?  Yes  No

Address \_\_\_\_\_ Guest of \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_ Phone (h/c) \_\_\_\_\_

Email: \_\_\_\_\_ Allergies \_\_\_\_\_

<p>Child #1: Name _____</p> <p><input type="radio"/> Boy <input type="radio"/> Girl Birthday ___/___/___</p> <p>Age ___ Grade ___ Room _____</p> <p><input type="radio"/> 9:00 <input type="radio"/> 10:30 <input type="radio"/> Wednesday</p>	<p>Child #2: Name _____</p> <p><input type="radio"/> Boy <input type="radio"/> Girl Birthday ___/___/___</p> <p>Age ___ Grade ___ Room _____</p> <p><input type="radio"/> 9:00 <input type="radio"/> 10:30 <input type="radio"/> Wednesday</p>
<p>Child #3: Name _____</p> <p><input type="radio"/> Boy <input type="radio"/> Girl Birthday ___/___/___</p> <p>Age ___ Grade ___ Room _____</p> <p><input type="radio"/> 9:00 <input type="radio"/> 10:30 <input type="radio"/> Wednesday</p>	<p>Child #4: Name _____</p> <p><input type="radio"/> Boy <input type="radio"/> Girl Birthday ___/___/___</p> <p>Age ___ Grade ___ Room _____</p> <p><input type="radio"/> 9:00 <input type="radio"/> 10:30 <input type="radio"/> Wednesday</p>



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