



SEAHORSE FITNESS INC

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**SEAHORSE SWIM CLUB
BIRTHDAY PARTY**



Child's Name: _____
Child's Age: _____ Date of Birth ___/___/___
Date of Party ___/___/___
Time of Party: _____
Number of People: _____
Number of Kids: _____



Parent's Name: _____
Address: _____
Home Phone: (____) _____
Cell Phone: (____) _____

Staff Signature: _____
Date: _____
Deposit Paid: _____ Balance Paid: _____

