



## Birthday Party Guest List

All attendees are insured for a one-time visit by Gymnastics BC. We are required to provide a list to GBC.

Name party is booked under: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Day/Date/Time of the party: \_\_\_\_\_

**Please complete this form and email it to [info@circuswest.com](mailto:info@circuswest.com) or fax it to 604.252.3697  
BY THE WEDNESDAY BEFORE YOUR PARTY AT THE LATEST.  
THANK YOU!**

|    | Name | Address | Phone number |
|----|------|---------|--------------|
| 1  |      |         |              |
| 2  |      |         |              |
| 3  |      |         |              |
| 4  |      |         |              |
| 5  |      |         |              |
| 6  |      |         |              |
| 7  |      |         |              |
| 8  |      |         |              |
| 9  |      |         |              |
| 10 |      |         |              |
| 11 |      |         |              |
| 12 |      |         |              |
| 13 |      |         |              |
| 14 |      |         |              |
| 15 |      |         |              |
| 16 |      |         |              |
| 17 |      |         |              |
| 18 |      |         |              |
| 19 |      |         |              |
| 20 |      |         |              |
| 21 |      |         |              |