



BIRTHDAY PARTY GUEST LIST

Day: _____ Date: _____ Time: _____ Child's Name: _____

	First Name	Last Name	Age	Phone #	
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Please fill out this form and send it to Gymalaya a week prior to your party date.

Fax number: (905)760-8655 **E-mail:** info@gymalaya.com

** Please include the birthday child's name on the form