Athens First United Methodist Church Birthday Parties



Name:			Members of AFUMC? Yes No	
Name of Child:			_ Age of Child:	
Address:				
Phone Number: _			_ Cell #:	
Date Requested: _		Time requeste	d:	(2 Hour slots)
Number of Guests	S :			
	_	ty with up to 15 kids des basketball, soccer		and staff-led
Optional Add-or	ns: Choose	as many as you want	<u>.</u>	
Climbing Wall	\$20	Ages 6 & up		
Gymnastics	\$5	Ages 4 to 10		
Moon Walk	\$15	Ages 3 to 6		
• 0	15. Add \$10 sponsible for	5 children and under, the for up to 5 additional guarantees that may occur. the anywhere from 1 to 3 s	ests; \$20 for 6 or mo	ore.
Signature of Parent / Date			Signature of Staff / Date	
Fill out and returi	n this form t	to:	For Office	ial use only
Athens First United Attn.: Mary Claire 327 N. Lumpkin St Athens, GA 30601 Fax: 706-546-4797	l Methodist (Wills		Pd Date Approved Signature	
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