



ARIZONA DRAGONS TAEKWONDO, LLC
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BIRTHDAY PARTY REGISTRATION FORM!

CHILD NAME: _____ PARENT NAME: _____

PHONE #: _____ E-MAIL: _____

DESIRED DATE OF PARTY: _____ TIME: _____ ESTIM # OF GUESTS: _____

\$50 DEPOSIT MADE ON: _____

OPTIONAL ADD ONS: CANDLE / BOARDS FOR GUESTS / PINATA / GOODY BAGS TOTAL AMT FOR ADD ONS, ETC: _____

Type of Party (circle one):

- BRONZE Party**, \$170 members, \$199 non-members; \$5 for each additional guest
- SILVER Party**, \$220 members, \$249 non-members, \$8 for each additional guest
- GOLD Party**, \$320 members, \$350 non-members, \$12 for each additional guest

CIRCLE ONE:

Saturday 1 p.m.-3 p.m., 3:30 p.m.-5:30 p.m., 6 p.m.-8 p.m.

Sunday 12 p.m.-2 p.m., 2:30 p.m.-4:30 p.m.

Imagine a party where you can actually relax and enjoy your child's birthday.

- A.) No set up** **B.) No clean up**
- C.) No party game planning** **D.) No stress** **E.) No worries**

*Reservation for party is recommended one (1) month in advance. A non-refundable deposit of \$50 is due at the time of reservation. This deposit is a part of the total party fee. Remainder of balance is due at the day of the party. Please remember a tax has not been included.

By signing below, I agree to pay all fees in full prior to the start of the party. I acknowledge that it is my responsibility to inform all party participants of the dress code & to ensure all party participants have a waiver signed by his / her parent / guardian. I acknowledge that any participants who are not dressed appropriately and / or who do not have a signed waiver will not be allowed to participate.

Credit Card Authorization Form
Credit Card Information:

Name on credit card: _____ Amount of charge: \$ _____ Security code _____

Type of credit card: Visa MasterCard Amex Discover

Credit card #: _____ Exp. date: ____/____/____

I hereby authorize the use of my credit card and agree to the terms by the Galveston Island Historic Pleasure Pier to register participants for one or more of their programs for the amount above.

Signature of card holder: _____ Date ____/____/____