

# TCT Birthday Party Registration form

Child's Full Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 20182019 Times Available

September - May

Sundays at 11:00, 12:30, 2:00, 3:30, 5:00

Please fill out your 1st, 2nd, and 3rd choices

Day                  Date                  Time

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

## Payment

Cash                   Check # \_\_\_\_\_

Credit Card: Visa | MC | Discover

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature or card holder \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_

TCT Phone: 763-421-3046

TCT Fax: 763-421-1448

[www.twincitytwisters.com](http://www.twincitytwisters.com)