

Shine On

Birthday Party Guest Information Sheet

Thank you for hosting your child's birthday party at the YMCA. In an effort to improve the safety of all patrons we need to account for all adults and children in the building. Please print your birthday party guest information on this sheet. Please provide contact information for parents/guardians who are only dropping off/picking up the children. Parents of the birthday child are expected to supervise and wait until all children have been picked up by their parents/guardians before leaving the building. The birthday party host will collect this sheet once the party is in progress.

Thank you for your cooperation!

Birthday Child's Name: _____ Date (dd/mm/yy): _____

Parent/Guardian Sign In	Parent/Guardian Sign Out	Child's Name	Staying with child	Telephone #
1.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
12.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
13.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
14.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
15.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
16.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
17.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
18.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
19.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
20.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
21.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
22.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
23.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
24.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
25.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
26.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
27.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
28.			Yes <input type="checkbox"/> No <input type="checkbox"/>	
29.			Yes <input type="checkbox"/> No <input type="checkbox"/>	