

ATA Martial Arts of Southport



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West Sacramento, CA 95691

Phone: 916-373-9789
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Dear Friends

Thank you for choosing ATA of Southport to be the place where you, your family and friends celebrate your child's birthday. We at ATA of Southport believe in making your child's birthday party an event they will never forget. We do this by providing you with our nationally certified Black Belt Instructors, our state of the art training facility and our many years of providing the best possible service to families just like yours.

This information packet contains the following:

Birthday Party information sheet

Birthday Party Application

Guest list form

A Student Waiver (that is required to be filled out by each guest)

As a courtesy to you, we will prepare and mail the party invitations as well as thank you cards. Please complete the guest list form and return it, if possible at least 4 weeks prior to the party. If you prefer to handle the invitations yourself, the full name and address of each child is still required.

A \$50 non-refundable deposit is required along with your completed application to reserve the party with the balance due on the day of the party. The total amount due is \$200 (for non-students), or \$150 for students. Please make all checks payable to: ATA Martial Arts.

The following is a list of items you should bring:

Birthday cake, candles and matches

Drinks of your choice we provide 2 Pizzas

Paper goods (napkins, plates, forks, etc.)

You may arrive at the school 1/2 hour early to set up. Thank you for your cooperation. Please feel free to call if you have any questions. We are looking forward to making your child's birthday unforgettable!

Sincerely yours

Anna-Marie & David Jung



BIRTHDAY PARTY APPLICATION

Please Print

Today's Date: __/____/____

Birthday Party Date: _____ **Birthday Party Time:** (2 hours) **He/she is going to be:** ____ years old

Sat. Sun. __/__/____ **From:** __ a.m. p.m. **To:** __ a.m. p.m

Birthday person's first name: _____ Last name: _____ Date of birth: ____/____/____

Gender: M F

Address: _____ City: _____ Zip: _____ Home phone: _____ (____) _____ - _____

Parent's full name: _____ Active student of ATA Martial Arts of Southport? Yes No
Email: _____ Yes No

Is there anything that we should know about your child's health? Yes No

If yes, please explain: _____

Has your child taken Martial Arts (Karate) classes before? Yes No

Is your child taking classes currently? Yes No

ATA Black Belt Academy Other, Please explain where and how long ago:

How did you hear about our Birthday Parties? _____

Uniform Size _____ Total number of guests invited? _____

RSVP by: _____

Would you like us to mail the invitations? Yes No

Special requests or notes:

Notice – The ATA Black Belt Academy urges all members and guests to obtain a physical examination prior to the use of any physical activity or attendance in any martial arts class. In recognition of possible dangers connected with any physical activity, members or guests hereby knowingly and voluntarily waive any right of cause of action of any kind whatsoever arising as the result of activity from which any liability may or could occur. The ATA Black Belt Academy, it's officers, agents, employees, or instructors. If guest is under the age of 18, the undersigned acknowledges that he/she understands the risk of injury inherent in any physical activity, and on behalf of member/guest assumes such risk.

Signed _____ **Relation:** _____ **Date:** _____

For ATA Black Belt Academy staff use only

Total fee: \$ _____.00 **Deposit:** \$ _____ **The balance of** \$ _____ **is due on the day of the party.**

Check #: _____ **Cash** **Credit card: #** _____

Information has been entered in the computer. By: _____ **Date:** _____

Birthday Party Guest Information

As a courtesy to you, we create completely personalized invitations and mail them for you.

Please complete the following information as best as you can.

Please return this form to us ASAP so we can get started in creating your invitations.

You may also email this list to us (preferably).

Email address: Jungata@live.com

Thank You!

Please Print Clearly

Guest #

First Name:			
Last Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address:			
City:			
State:		Zip Code:	
Phone #:			
Date of Birth:		Active Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Guest #

First Name:			
Last Name:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Address:			
City:			
State:		Zip Code:	
Phone #:			
Date of Birth:		Active Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No