



Birthday Party

Join us for your next birthday!

- Martial Arts Class**
- Group Games & Sports**
- Time for Pizza & Cake**
- Fun & Easy**

How to Register:

- 1) Choose a location from below
- 2) Contact the location for available date and time
- 3) Complete form and pay deposit
- 4) Send out the invites (we provide)

Springfield
6230-C Rolling Rd.
Springfield, VA 22152
703-644-4889

Burke
9568 Old Keene Mill Rd.
Burke, VA 22015
703-372-5877

Kingstowne
6457 Old Beulah St.
Alexandria, VA 22315
703-971-8560

Registrations

Birthday Party Packages: **Package A:** \$200 for 18 or fewer guests (6-12 yrs old). All Adults: FREE

Package B: \$250 for 19 or more guests (6-12 yrs old). All Adults: FREE

A \$50 Deposit is required for us to hold your spot. Deposits are non-refundable.

-Your space will be reserved for 90 minutes.

-Each child will receive a martial arts lesson from an instructing staff member.

-You will be responsible for bringing your own decorations, cake, food, and drinks, as well as all necessary utensils and cups.

-Each child will be able to participate in group games and drills managed by a staff member.

-All guests will receive passes good for one free month of instruction courtesy of Elite M.A. Centers.

Structure of the Party:

1. Setting up of the Party & Guests arrival. (10 mins)
2. Taekwondo Lesson (20mins).
3. Group games and drills (30mins)
4. Cake, Ice cream, Presents (20mins)
5. Wrap Up, Guests Departure, Clean-Up.

Responsibility of:

You/EMA Staff
EMA Staff
EMA Staff
You
You/EMA Staff



www.Emacenter.com

Requested Date of Party: Saturday, _____ Time: _____ pm (we will provide you with time choices)

To ensure safety, we must have a waiver signed by each of the attendees stating that the children's parents know that they are at the studio participating in the party. We will provide permission slips / invitations to you to pass on to the guests.

Name of Child: _____ Age (for birthday): _____ Parent/Guardian's Name: _____

Address: _____ Home Phone: _____

Work Phone: _____ E-mail Contact: _____

Emergency Contact: _____

Additional Notes:

Elite M.A. Center will provide a qualified instructor and the use of its training facilities for a period not to exceed 90 minutes. Parent/Guardian will provide all additional party supplies and agrees to abide by the rules and regulations of Elite M.A. Center. Parent/Guardian agrees that their signature on this contract constitutes a non-refundable and binding agreement between Elite M.A. Center and the parent/guardian. Furthermore, the parent/guardian agrees to absolve Elite M.A. Center and its employees and representatives from any costs/damages arising from their time in the facility, as well as any injuries/liabilities suffered on these premises. It is understood that the parent/guardian must provide Elite M.A. Center with signed permission slips from all participants. I, as parent or guardian of a student, hereby release, discharge and agree to release Elite M.A. Center, its directors, officers and employees from all liability for damage, injury, or illness to the students or teacher properly relating to or deriving from teacher presence at Elite M.A. Center or participation in any Elite M.A. Center sponsored activities. I understand that by allowing my child to attend programs and classes at Elite M.A. Center, I agree to allow the use of photographs or images of my child in appropriate marketing material.

Parent/Guardian Signature: _____ Total Number of Guests at Party: _____ (for school use only) Deposit Amount: _____

Date: _____ Remaining Balance: _____ Paid By: _____

Date: _____ Received By: _____