

(SMA) Stellar Martial Arts Birthday Party Registration Form

Deposit: \$

REGISTRATION INFORMATION

Parent Name(s): _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Phone No.: _____ Cell. Phone No: _____
Email: _____ Are you a member of SMA? _____

PARTY INFORMATION

Name of Birthday Guest: _____ Age (on birthday): _____ Gender: _____
Date of Birthday Party: ____/____/____ **Party Time:** _____ **PM** (Indicate preferred time)
Number of Guest in Party: (Children) _____ (Adults) _____

****Arrival Time of Birthday Party: 30 minutes before schedule birthday party time slot.**

****PARENTS MAY BRING CAKE OR OTHER FOODS AND DRINKS.**

PAYMENT

[Credit Card]

Credit Card: ☐ Visa ☐ Master Card ☐ Discover ☐ Amex
Card Number: _____ Exp: ____/____ Code: _____
Name on Card: _____ Billing Zip Code: _____

[Check] *ID copy required*

Check Number: _____ Amount: \$ _____ (Payable to: **Stellar Martial Arts**)

[Cash]

Amount: \$ _____ Received by: _____

RESERVATION POLICY

- Booking Date: ____/____/____ (SMA office use only)
- A \$50.00 deposit is required to reserve your date. Balance of payment is due at the close of the party.
- Birthday Party Payment is non-refundable.
- With 24-hour notice, arrangements can be made to provide a bad weather or otherwise change your Party date.

-AVAILABLE TIMES: 12PM 1PM 2PM 3PM 4PM 5PM 6PM (Circle preferred time)

(SMA) Stellar Martial Arts

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