

# BIRTHDAY PARTIES AT THE J!

## Inquiry Form

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

Member at the JCC?  Yes If yes, Member ID # \_\_\_\_\_  
 No

Child's Name \_\_\_\_\_

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

Requested Location:  Sabes Center Minneapolis  Capp Center St. Paul

Requested Date (include two)

1. \_\_\_\_\_

2. \_\_\_\_\_

Requested Time (include two)

1. \_\_\_\_\_

2. \_\_\_\_\_

Type of Party:  GYM  POOL  MOVIE

Number of Child Guests \_\_\_\_\_

Would you like a Birthday Party Attendant present?  Yes  No

Would you like JCC Invitations?  Yes  No

**Please email completed form to Meaghan Schmitt:**

[meaghans@minnesotajcc.org](mailto:meaghans@minnesotajcc.org)

