

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

Please email completed form to Josie Donaldson:

josied@minnesotajcc.org

