# 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 - Select all that apply: ☐ GYM ☐ POOL ☐ BOUNCE HOUSE
☐ CRAFT ☐ EXERCISE CLASS ☐ MOVIE ☐ TODDLER SOFT PLAY

Number of Child Guests _____

Would you like a Birthday Party Attendant present? ☐ Yes ☐ No

**Please email completed form to Josie Marsh:**
josied@minnesotajcc.org