

Come "Kick It" With Me



Buddy & Birthday Party
Guest Pass

Buddy Week & Birthday Party Registration Card (please print)

First and Last Name: _____

Address: _____

City: _____ Zip: _____

Age: _____ Email: _____

Phone number: _____

Guest of: _____

I give my child permission to participate in Buddy Week at GSAK.

Parent Name: (print) _____

Parent Signature: _____