



SpinNations

Family Roller Skating & Event Center

Guest List

Birthday Child's Name: _____

Date: ____/____/20____ | Time: ____:____ - ____:____ pm | Package: _____

Would you like to pay for skating parents or have them pay for themselves? (check one)

_____ I want to be billed for skating parents* _____ Let skating parents pay for themselves

**If you would like to pay for specific parents/adults please list their names below:*

#	Children's Name	#	Children's Names	Skating Adults' Names:
2		23		
3		24		
4		25		
5		26		
6		27		
7		28		
8		29		
9		30		
10		31		
11		32		
12		33		
13		34		
14		35		
15		36		
16		37		
17		38		
18		39		
19		40		
20		41		
21		42		
22		43		