## **2016 Winter Slumber Party**

## 6pm Saturday, December 17-8am Sunday, December 18

Attendee's Name:				School: _		_		
Address:				City:				
State:	Zip:	Sex: M or F	Birth Year:			HA Member:	Yes /	No
Email:		Phone 1:			Phone 2:			
_imitations:				Ot	her:			
members have alred	ady signed this form; non-me	by give permission for my child to pare embers MUST complete the fu at of an emergency and permission to to	II permission-re	elease forn	1). IMPORTANT: H	IA's permission-release-i	-	-
Parent/Guardian Signature:				Date:				
<b>Hawaii</b> A	CASH Academy—Kalihi ( 1314 Moonui S	O for first child (\$35 for first child) (\$35	ayable to "I ifetime fitness, g aiiAcademy.	HI T&T'	ONLY & human science 1 +1.808.842.56	542	abilitie.	S
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Address:				City:				
State:	Zip:	Sex: M or F	Birth Year:	_		HA Member:	Yes /	No
Email:		Phone 1:	<del>-</del>		Phone 2:	_		
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Parent/Guardia	an Signature:			Date:				
	\$4	0 for first child (\$35 f	or subsequ	uent sib	lings)			

CASH or CHECK (made payable to "HI T&T") ONLY

Hawaii Academy—Kalihi Gym - A private school for lifetime fitness, gymnastics & human sciences for all ages and abilities 1314 Moonui Street, Honolulu **www.HawaiiAcademy.com** gym +1.808.842.5642