

Saturday, November 30th, 2024 10:00AM - 1:00PM

Parent/ Grandparent Name: Office: Email:		550 WELLINGTON ST, LONDON, ON ENTER HERE					
				Child's Information (Age	12 and under)		
				CHILD'S FIRST NAME	CHILD'S LAST NAME	MALE/FEMALE	AGE * (as of Dec. 31/24)
* If your child will be le	ess than 1 year old as of Decem	ber 31, 2024 please round his	s/her age up to 1 year.				
***PLEASE NO	Total Childre	en: at \$35 eacl	h =				

METHOD OF PAYMENT

All adults & children must be pre-registered in

order to attend the party.

- 1. Bill my LSTAR Account
- 2. Credit Card (Visa / MC / Amex)
 Please provide your cell number and you will be contacted for your credit card number.

Cell Number:

PLEASE RETURN FORM & PAYMENT
TO CLAIRE@LSTAR.CA
NO LATER THAN
FRIDAY NOVEMBER 8TH

13% HST =

TOTAL =

Total Adults: at \$15 each =

NO REFUNDS

PLEASE FOLLOW UP IF YOU DO NOT RECEIVE CONFIRMATION WITHIN 1 WEEK