



Breakfast With Santa

Saturday, December 12 @ 8:30a

Step 1 - Personal Information

Parent/Guardian _____
Address _____
City _____ State _____ Zip _____
Phone - Type (Circle) Home Mobile Work (_____) _____ - _____
Email _____

Step 2 - Attendance

Parent/Guardian (Not listed above) _____
Child 1. _____ DOB _____ / _____ / _____
Child 2. _____ DOB _____ / _____ / _____
Child 3. _____ DOB _____ / _____ / _____
Child 4. _____ DOB _____ / _____ / _____

(Children under 2 are free but still include in attendance list)

Step 3 - Fee Calucation

Number of guest _____ x \$8 = _____ (This event is open to members of the Y only.)

Step 3 - Payment

For faxed credit card payment please use a credit card authorization form. For cash or check payment please pay in person at location below.



G. Cecil Pruett Community
Center Family YMCA
151 Waleska Street
Canton GA 30114
Tel 770-345-9622
Fax 770-345-5290
pcy.ymcaatlanta.org