Gym America – Gymnastics & Dance Center **Birthday Party Contract Form**

Name of birthday individual:		
Age/DOB of birthday individual:		
Name of person responsible for payment:		
Address:		
Phone number:	Email:	
Date of Birthday Party:	Time of Party:	
Type of Party Desired:		
Anticipated number of children:		

Birthday parties include one supervised hour in the gym which includes the activities of your choice and up to 30 minutes in the party area for your refreshments/food and presents. Cost is dependent on the number of children attending. For a party of up to 10 children (including the birthday child) the cost is \$275 and \$375 for up to 20 children. Current members receive a \$15 discount. Each additional child above what is registered for will be \$15 each. A deposit of \$100 is required to hold the date and time of your party. The remainder of the payment is due on the date of the party. Birthday party deposits are **non-refundable**.

For those desiring extra time in the party area, the ending time of the party can be extended by 15 minutes for an additional \$15, but please be aware that children may not go back out onto the equipment after the 1 hour of instructed activities has ended.

What's included:

- The use of our facility for 1 ½ hours with the supervision of 1 or more instructors depending on the number • of students attending.
- Organized games and activities geared towards the age of the birthday child
- Tables and chairs

Name of responsible person:

- Set-up of tables and chairs
- Clean-up/Sanitization

You Provide: Food, beverages, and cake (if desired), plates, cups, utensils, party favors, candles and decorations

You may start bringing in items for the party 20 minutes prior to the start of the party.

Please remind your guests to wear workout attire as they will be tumbling, rolling and playing on gymnastics equipment. NO jeans, belts, buckles or snaps and participants should be barefoot. Also, please send out waiver forms with your birthday party invitations. A waiver form must be signed by a child's parent/guardian in order to participate. Verbal authorization via phone is not permitted.

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Signature of responsible perso	on:	Date:	
Office Use:			
Date Registered:	Amount Paid:		
Check #/Cash:	Balance due:		