



Birthday Party Contract

Name of Birthday Child _____ Age _____

Parent's name: _____

Address: _____

Email: _____

How many children expected to participate? _____

Ages of children attending: _____

Day: _____ Date of Party: _____ Time: _____

Home Phone: _____ Cell: _____ Work: _____

Invitations needed? Yes # _____ No Medal option (\$5) Yes No

Invitations received? Yes # _____ No T-Shirt gift option (\$10) Yes No

This is an agreement between GymnastiKids and _____ that _____ 's
(parent) (child)

Gymnastics birthday party will be as stated above and have a total estimated cost of _____, noting the non-refundable deposit of \$100 received on _____.

(Exact cost will be determined after the party.)

You will receive an invoice at the end of the party for the balance due. If paying by cash or check please paperclip to your invoice and put in the tuition box. If paying by credit card (MC or Visa) please make arrangements with the office then note on your invoice the day of the party. Please make check payable to GymnastiKids.

Gymnastikids requires a credit card on file to reserve a party time. There is a \$25.00 rescheduling fee for changes in day or time after the party has been booked.

Parent's signature _____ Date: _____

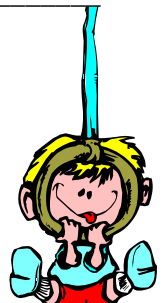
Received by _____ Date: _____

Special Instructions: _____



Thank you for booking your party with us!!!

2237 E. Colorado Blvd. • Pasadena, CA 91107
626-796KIDS (5437) • 626-796-2171 Fax



_____ * _____ * _____
Lead Assistant #1 Assistant #2