



BIRTHDAY PARTY CONTRACT

CRESTVIEW GYM

<p><u>Silver Party</u> 1 ½ hours total (1 hr gym, ½ hr food/gifts)</p> <p>Maximum of 15 children</p> <p>Souvenir cups for each child & birthday child t-shirt provided.</p> <p>\$150 members; \$175 non-members; \$75 deposit</p>	<p><u>Gold Party</u> 2 hours total (1 hr 15 mins gym, 45 mins food/gifts)</p> <p>Maximum of 25 children</p> <p>Souvenir cups for each child & birthday child t-shirt provided.</p> <p>\$225 members; \$250 non-members; \$100 deposit</p>	<p><u>Add-ons</u></p> <p>Additional coach: \$40</p> <p>Additional 15 mins: \$25 ___ for gym time ___ for food/gifts</p> <p>Additional children: \$10/child (all children on the floor will be counted)</p>
---	---	--

General information:

Birthday parties are held on Saturdays only. Gym time is supervised free play in the gym. Rules will be provided by the coach in charge and all participants must turn in a waiver signed by their parent/guardian prior to the start of the party. You may arrive 15 minutes prior to the start of your party to set up. You must follow the schedule of the party and will be expected to end your party at the agreed upon time. All food and drinks must stay in the reception area. Parents are welcome to either travel with the birthday party or observe from the party room. Any adults on the floor must take off their shoes and are NOT permitted on any of the equipment. Please provide the exact amount if paying in cash as the coaches may not have access to change. Please consider showing your appreciation for an exceptional party. Gratuities are encouraged and should be paid to the coach(es) directly. They cannot be charged. Coaches will assume anything left behind is to be discarded, so please be careful when gathering your belongings. Coach requests are considered, but not always possible.

Party Child	Birthdate	Age	M/F
Party Date	Party Time		Coach requested (not guaranteed)
Party Host(ess)		Email	
Address		City/State/Zip	
Home Telephone	Cell phone	Other phone	
Age of range of children invited		Estimated headcount	

I will be responsible for the conduct of the children in our party and for any damages to the facility or equipment which is not a result of the planned activity of U.S. Gold Gymnastics. I further understand that medical/liability insurance is the full responsibility of the parent/guardian. I acknowledge that I have received and read the birthday party rules and regulations and agree to enforce them during the party. I acknowledge that I am responsible for ensuring that waivers for all participants are turned in prior to the start of the party. I agree to pay the non-refundable deposit to hold the date for the party. If I cancel the party less than 5 full days before the party date, I will be responsible for the full payment of the party. I agree to provide an estimated headcount prior to the party. I acknowledge that additional fees will be charged if I my party exceeds the scheduled time limit or if my maximum number of participants is exceeded.

Signature: _____ Date: _____

For office use only:

Party Cost _____ Extra coach: _____ Extra time: _____ Extra children: _____ Total: _____

Deposit: _____ Date paid: _____ Received by: _____ Party time: _____ Balance: _____