



BIRTHDAY PARTY CONTRACT

Friday, Saturday ~or~ Sunday Date of Party _____

Time of Party: ____ 12:30 ____ 2:30 ____ 4:30

Friday Party: ____ 6:30 (from 6:30-8:00)

Parent or Guardian _____ Relation: _____

Phone Number _____ Email _____

Billing Address: _____

Street City State Zip Code

Child's Name: _____ M / F Age _____ Birthday _____

I understand that Hopes & Dreams Gymnastics does not provide any party supplies and that the party is for 90 minutes only. I understand that other athletes/ coaches may be using the gym at the time of my party. I understand that once my party has left the gym, no one is allowed to go back into the gym to play. If more children attend the party than originally booked I will be billed the additional \$50.00 plus \$5.00 per child that exceeds the party reserved. My credit card will be charged any/all additional fees the following week. I understand the deposit will not be refunded. All birthdays are required to be paid in full no later than the Wednesday of the week prior to the birthday party. I am aware that participation in gymnastics involves possible injury. I understand and agree that Hopes & Dreams Gymnastics and its staff will assume no responsibilities for injuries or medical expenses incurred. In addition, I understand that Hopes & Dreams Gymnastics and its staff may call emergency medical services as they deem necessary concerning the health of the persons attending the party. **I UNDERSTAND NO ADULTS ARE ALLOWED TO DO ANY FORM OF GYMNASTICS IN THE GYM FOR SAFETY REASONS.**

Signature (parent or guardian) _____ Date _____

For Office Use Only

 1-20 Kids - \$225 (\$125 Deposit) (If more than 20 kids attend you will owe the additional \$50 and an additional \$5 per additional child.) _____

 1-40 Kids - \$275 (\$150 Deposit) (If more than 40 kids attend you will be billed an additional \$5.00 for each additional child.) _____

- \$5.00 WILL BE CHARGED FOR EACH ADDITIONAL 5 MIN. THAT YOUR PARTY RUNS OVER _____
- **Remaining balances will be pulled from your account the Friday prior to the week of your party** _____
- Any additional charges will be pulled from your account on the following Monday. _____
- Any changes made to your party will result in a \$25.00 Change Fee _____

Instructor _____ Second Instructor _____

Deposit \$ _____ credit card type _____ ck /cash rec.# _____ Staff Initials/Date: _____ / _____

Balance Due \$ _____

Paid in full \$ _____ credit card type _____ ck /cash rec.# _____ Staff Initials/Date: _____ / _____

Conformation call: Staff Initials/Date: _____ / _____