



# 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.)*

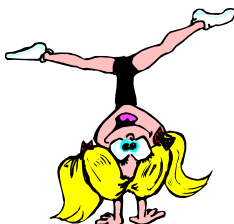
**You will receive an invoice at the end of the party for the balance due. If paying by cash or check please paperclip to your invoice and put in the tuition box. If paying by credit card (MC or Visa) please make arrangements with the office then note on your invoice the day of the party. Please make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

Parent's signature \_\_\_\_\_ Date: \_\_\_\_\_

Received by \_\_\_\_\_ Date: \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Thank you for booking your party with us!!!

2237 E. Colorado Blvd. • Pasadena, CA 91107  
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\_\_\_\_\_\*\_\_\_\_\_\*

Lead Assistant #1 Assistant #2