

Foothills Gymnastics Birthday Party Contract

Child's Name _____

Date of Birth ____/____/____ Age ____ M / F
(On Birthday)

Parent/Guardian's Name _____

Address _____

City/State/Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Party Date Requested _____ Time Requested _____

Please choose one of the following packages for your party:



Package A:.....\$140.00
Non-Member \$160.00



Package B:.....\$175.00
Non-Member \$195.00

Color:



Package C:.....\$200.00
Non-Member \$220.00

Theme:

(Purchased from Party City)

Message on Cake:



_____ Additional Kids \$8 per child (package A)
 \$10 per child (package B or C)

****Extras for Joint Parties (Siblings Only)****

Please indicate above any additional color schemes, themes and cake messages

_____ Extra Child Fee (all packages) Must be checked for parties with more than one child. \$10

_____ Extra Balloon Bouquet (Package B) \$5

_____ Extra Balloon Bouquet (Package C – Same Theme Only) \$10

_____ Extra Theme (Package C – Decorations, Balloon Bouquet and cake for extra theme) \$35

Foothills Gymnastics Birthday Party Policies

There is a \$50.00 non-refundable deposit due the day you sign up.*

All package prices are based on 15 children.

Additional children may be added at a cost of \$8.00 each for an "A" party and \$10.00 each for a "B" or "C" party.

You will need to notify office for parties with more than 15 children.

NO more than 15 children are allowed for 3 & 4 year old parties. We do not discount packages for parties of less than 15 children.

Sorry, adults may NOT participate in the "Gym Time". You may remain on the perimeter of the gym.

Absolutely NO alcoholic beverages are allowed on the premises.

Participants must wear a leotard or shorts and a t-shirt. No socks or shoes. Please no belts, jeans, jewelry, or dresses.

Parties ending after the allotted time will be charged a fee of \$2.00 per minute over schedule. This policy will be effective immediately after the allotted time has expired.

If you cancel within one week of your party and we can fill your party slot, you will only forfeit your deposit.

***Balance must be paid in full no later than the Friday before the scheduled party**

*My child's Birthday Party Package is _____.

*I have added the following additional items to my package: _____.

*The date and time of my child's Birthday Party is _____ at _____ pm.

*I have the following # of children scheduled to come to the party _____.

*I have read and understand the terms of the Birthday Policy Sheet and Brochure.

*I paid my \$50 Deposit on _____. My remaining party balance is _____.

Parent/Guardian Signature: _____ Date: _____

WAIVER: You agree that you are aware your child will be engaging in physical exercise which could cause injury to them. You agree that your child is voluntarily participating in these activities and is assuming all risks of injury that might result. Being fully aware of the risks and possibility of injury involved, I consent to have my child participate in the birthday party activities offered at Foothills Gymnastics Training Center, Inc. I, my executors, or other representatives, waive and release all claims for damage that my child or I may have against Foothills Gymnastics Training Center, Inc. and it's representatives whether paid or volunteer.

I, being the parent or legal guardian, have read and understand the waiver and give my permission for emergency medical treatment to be provided for my child should I be unavailable.

Parent/ Guardian Signature _____ Date _____