



Birthday Party Agreement

Birthday Child Information

Name: _____ Female/Male Age: _____ Birth Date: ____/____/____

T-Shirt Size: _____ Parent/Guardian's Name(s): _____

Cell: _____ Home: _____ Email: _____

Address: _____ City: _____ ST: _____ Zip: _____

Date of Party: ____/____/____ Start Time: _____ Finish Time: _____ (2 hours long)

of Children Attending: _____ (15 Maximum) Age Range of Children Attending: _____ - _____

Cost (\$50 non-refundable deposit is due when you turn in this page)

_____ \$120 (10 Children)

+ \$ _____ (\$8 per Additional Child) (Maximum of 15 Children Total)

_____ Total Estimated Cost (\$50 deposit is subtracted from this)

Office Use Only

Deposit Paid: ____/____/____

Pay. Type: _____

Amount Due
After Deposit: \$ _____

Date Paid: ____/____/____

Pay. Type: _____

Party Includes:

- ★ 60 Minutes of Gym Time ★ 60 Minutes for Cake and Presents
- ★ Goody Bags for Children ★ T-Shirt for Birthday Child
- ★ Free Trial Class Vouchers for Children Attending

You may arrive 15 minutes prior to start time for preparation. Your child & guests will have 60 minutes on the gymnastics equipment, as specified by the instructor, and 60 minutes for cake, snacks and presents. Please keep in mind that activities will be based on age and number of children attending the birthday party. No adults (18+) will be permitted on the equipment. NO alcoholic beverages will be permitted at the parties. No children under three (3) will be permitted in the gym without supervision from a parent. A \$50 non-refundable deposit is required to schedule your birthday party. Party dates may not be transferred. This will result in the direct loss of your deposit. You are ALLOWED to bring in your own food and Cake for the party. This is a binding agreement between Illinois Elite Gymnastics and above said parent/guardian. Your birthday party will be as stated above and have a total estimate cost as stated above noting the non-refundable deposit of \$50 received. The remaining balance stated above will be due ONE WEEK prior to the scheduled day of the party.

Parent Signature: _____ Date: _____