Payke Gymnastics Academy

Birthday Party Contract

**General Information**

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| --- | --- | --- | --- |
| B-Day Child’s Name: |  | Age: |  |
| Parent’s Name: |  |
| Address: |  |
| Email: |  |
| Primary Phone #: |  | Secondary Phone #: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Party: |  | Day: |  | Time: |  |

**Party Information**

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| --- | --- | --- | --- |
| How many children are expected to participate? (please circle one) | 9-14 | 15-21 | 22-30 |
| ­­Confirm Party size one week before party  | (please initial) \_\_\_\_ |
| Ages of children attending: |  |
| Invitations needed? | □no | □yes | If yes, how many? \_\_\_\_\_\_\_ |

**B-Day Party Agreement**

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| This is an agreement between Payke Gymnastics and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent’s name) that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) gymnastics birthday party will be as stated above and have a total cost of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, noting the non-refundable 50% deposit of \_\_\_\_\_\_\_\_\_ received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| Parent’s Signature: |  | Date: |  |
| Received By: |  | Date: |  |

**Special Instructions**

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| Balloon color (circle) Yellow – Pink – Blue – Red – Green – Purple – White – Gold Table cloth color (circle) : Pink – Blue – Purple – Red \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |