



CHAMPIONS GYMNASTICS

Telephone (705) 743-9338

2410 Lansdowne Street West

Cavan Monaghan K9J 0G5

Birthday Party Agreement Form

Date: _____

Time: _____

Extra kids

Time in Gym: _____ - _____ x 5 = _____

Time in Room: _____ - _____ HST

Birthday Childs Name: _____ ttl

Age: _____

Number of kids attending: _____

Parents Name: _____

Parents Email: _____

Contact #: _____

Break Down of Charges: 125 Gym + 75 Party Room + 26.00 HST = \$226.00 – **12 kids**

Deposit Charges: 85 + 11.05 HST = \$96.05 **non-creditable**

Deposit Paid: Y / N Amount: _____ Date: _____ Receipt # _____

Remaining Balance: _____ Due one week prior the party Date: _____

Paid in Full: Y / N Amount: _____ Date: _____ Receipt # _____

1. Yes, I am aware the party cost is for up to 12 kids. If there are more than 12 kids there is a fee of \$5.00 plus HST per child, that is to be paid before they enter the gym. **(15 Kids Max)**
2. Yes, I am aware that a guardian must have a waiver signed for each child before entering the gym.
3. Yes, I am aware that I have 15 min to set up for my party room time.
4. Yes, I am aware there is a questionnaire and final waiver to be signed AFTER the party.
5. I will respect other parties that are taking place and be punctual leaving the party room.
6. Pinatas are not allowed at this time, thank you for understanding.
7. Yes, I am aware there is a \$35 (per 30min) charge if I am not out of the party room at the end of the scheduled time

Guardian Signature: _____ **Date:** _____

Staff _____ Date _____