



## Birthday Party Registration Form

8712 Eagle Creek Parkway – Savage, MN 55378

Email:dynamicsgym1@yahoo.com (952) 808-0275

Today's Date: \_\_\_\_\_

Date of Party: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Name of Birthday Child: \_\_\_\_\_ Male Female

Age (on birthday): \_\_\_\_\_ How many guests are expected: \_\_\_\_\_

Ages of children attending: \_\_\_\_\_

Birthday Child Parents Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Policies: My signature below signifies my agreement to the following:**

1. There will be NO adults on the equipment and ALL parents must stay out of the gym. Spectators are welcome to watch from our lobby viewing area.
2. There will be NO liquor served at the party.
3. No children under the age of 3 are allowed in the gym without parent supervision.
4. Parents of the birthday child are invited to take photos and videotape the party in the gym as long as they have NO underage children in the gym with them.
5. Every guest at the part must have a signed waived to participate in the gym activities.
6. I understand there may be another party in the gym at the same time as mine and my assigned party room time is: \_\_\_\_\_
7. No more than 20 guests are allowed at the party
8. A \$ 25 non-refundable deposit is required at the time of booking.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Office Use Only**

Contacted prior to party on (date): \_\_\_\_\_

Birthday Party Total Guest Count #: \_\_\_\_\_ Waiver Collected #: \_\_\_\_\_

Cost of Party \$: \_\_\_\_\_ Deposit \$: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Balance Due \$: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Type: \_\_\_\_\_