Dynamics Gymnastics

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 party 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: _____