



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: _____

Contact #: _____

Break Down of Charges: _____

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

Remaining Balance: _____ Due by: _____

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

1. Yes, I am aware the party cost is for 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.
2. Yes, I am aware each child must have a waiver sign before entering the gym
3. Yes, I am aware that I have 15 min to set up for my party room time and 15 min after my party room time to clean up
4. Yes, I am aware there is a questionnaire and final waiver to be signed AFTER the party
5. Yes, I am aware that Champions will provide me with brochures for the party guest goody bags
6. I will respect other parties that are taking place and be punctual leaving the party room

Guardian Signature: _____

Date: _____

Staff _____ Date _____