



Maple City Gymnastics Birthday Party



Party For: _____

Date: _____ Time: _____ Total # of participants _____

Age Range _____ Total Instructors _____ Total Party Fee _____

Contact Person: _____

Address: _____

Phone (Home): _____ Work _____

Child T-Shirt Size _____



I UNDERSTAND THAT IN SCHEDULING THE ABOVE DESCRIBED PARTY I AGREE TO, AND TAKE RESPONSIBILITY FOR THE FOLLOWING CONDITIONS,

1. I have read and understand all of the facility rules.
2. I will distribute copies of the rules and individual waiver forms to each participant
3. I will see that the completed and signed forms are returned to MCGC on or before the date of the planned party.
4. I will be present during the entire party time and assist MCGC staff if necessary.
5. I will clean up the party room at the end of the event.

I have enclosed a non-refundable deposit of \$20.00 (for 2 hr. party) or \$50.00 (for overnight party to guarantee reservation of the facility for this party.

Parent signature Date

Payment _____ Staff _____ Date _____



Tips for instructors welcome

