



5909 W. US Highway 10, Ludington, MI 49431 (231) 845-1385

BIRTHDAY PARTY CONTRACT



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Date of Party: _____

Scheduled Time: _____

Parent/Guardian attending party: _____

Phone (daytime): _____ (evening): _____ (cell): _____

Address: _____
street city zip

Name of Birthday Party Child: _____

Date of Birth: _____ Age at Birthday: _____

Anticipated Number of Participants: _____ Adults _____ Children

I have read and accept the conditions for a birthday party at Flipstar Gymnastics Center. I will copy and give each of my guests the Registration and Waiver form before my party. I understand the \$50 deposit is non-refundable. I agree to contact Flipstar Gymnastics a minimum of one week before my scheduled party to provide final counts and get my final balance amount due.

I agree to pay the balance due on or before party day.

Signed: _____ Date: _____

Thank you for your interest in using Flipstar Gymnastics for your child's birthday party! Please feel free to call us anytime at 845-1385. We look forward to serving you!

Please return this completed form to: Flipstar Gymnastics Center, 5909 W US Hwy 10, Ludington, MI 49431

FOR OFFICE USE ONLY:

Assigned Coach: _____

Date Deposit Received: _____

Cash/Check#: _____

Date Final Payment Received: _____

Cash/Check#: _____

of Participants Paid For: _____

Actual # of Participants on Party Day: _____