

Rising Stars Gymnastics Academy

520 Hayward Avenue North
Oakdale, MN 55128
www.risingstarsgym.com
(651) 730-4376

Party Agreement

Today's Date: _____ T-Shirt Size: YXS YS YM YL YXL
Date of Party: _____ Time: _____ to _____
Type of Party: (circle one) Bronze (1hr. Gym time only) Silver (10 kids 1.5 hrs) Gold (18 kids 2 hrs.)
Name of Birthday Child: _____ Age (on this birthday): ____ DOB: _____ Male or Female
How many guests are expected: _____ Ages of children attending: _____
Parent Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Daytime Phone No: _____ Evening Phone No: _____
**Special Notes: _____
Any Children with Special Needs (please specify) _____

Policies I Agree to Adhere to:

My signature below signifies my agreement to these rules:

1. There will be **NO** adults on the equipment and ALL parents must stay out of the gym. Only the parents of the birthday child are allowed into the gym to take photos and video tape the party. Spectators are welcome to watch from our lobby viewing areas both upstairs and downstairs.
2. There will be **NO** liquor served at the party.
3. No children under the age of three are allowed in the gym without parent supervision.
4. Every guest at the party must have a signed waiver to participate in the gym activities **before** the party begins.
5. Your assigned party room time is _____.
6. **Birthday party deposits are non-refundable.** The deposit can be transferred to another party date if rescheduled more than one week prior to the original party date.
7. The party must be paid in full **before** the party begins.

Signature

Date

Office Use:

Contacted prior to party on (Date) _____
Birthday Party Total Guest Count # _____ Waivers collected # _____
Cost of Party: \$ _____
Deposit \$ _____ Date: _____ Type of Payment _____
Balance \$ _____ Date: _____ Type of Payment _____