



SoCal Gymnastics Training Center Birthday Party Form

Birthday Child's Name: _____ Parent Name: _____

Phone: _____ Email: _____

Date of Party: _____ Time: _____

Number of Guest(s): _____ Age Child Will Be: _____

Party Package Selected: _____

I will be totally responsible for the conduct of the children in our party and for damages to the facility or equipment which is not a result of the planned activity. I further understand the medical liability insurance is applicable only to registered children in the SoCal Gymnastics Training Center program. Please list invited guest on the reverse side (use additional sheet if necessary).

SoCal Gymnastics and Training Center Birthday Party _____
(15 Kids Included) – (\$50 deposit required)

Each additional child (\$10.00) \$10.00 x _____

SUBTOTAL _____

Deposit Made _____

SUBTOTAL _____

Tip (Optional) _____
(In cash or check form)

TOTAL AMOUNT _____

X _____

Signature

_____ Date

* Please note: the last 8-10 min will be clean up and wrap up.