



Birthday Party Contract

1. Name of Birthday Child: _____ Celebrating Age: _____

2. Parent or Legal Guardian's Name: _____

3. Address: _____

4. Home Phone #: _____ Alternate Phone #: _____

5. Number of children attending (including the birthday child) : _____
Confirmed # _____

6. Average age of children attending: _____ Date Confirmed: _____

7. Birthday child's t-shirt size: ___ YXS ___ YS ___ YM ___ YL ___ Adult S

8. The party must be confirmed five days prior to the party date. Your confirmation due date is _____ PLUS:\$10 additional charge for every 15 minutes you exceed the allowed party time

9. Date registration fee made and check number : _____

There is a \$20 registration fee to hold your day and time. It is NOT applied toward your balance. This fee is non-refundable if the party is canceled.

10. Party Package Choice: ___ Bronze ___ Silver ___ Gold ___ Platinum

Party Package Price: _____

11. Inflatable Choice

_____ Puffy the Dragon, _____ Giant Slide, _____ Water Slide (weather permitting)

12. Would you prefer the party to be more like an open gym or have more structure? _____

AGREEMENT:

This is an agreement between Triad Gymnastics. L.C. and _____ (parent's name) that _____ (child's name) gymnastic birthday party will be as stated above and has a total estimated cost of \$ _____.

Parent or Legal Guardian Signature Triad Employee's Signature

CAUTION-ACKNOWLEDGEMENT OF RISK-READ BEFORE SIGNING!

As a legal guardian of _____ (birthday child & siblings), I recognize that potentially severe injuries can occur in any activity involving height or motion, including, but not limited to gymnastics, tumbling and trampoline and I voluntarily consent to the aforementioned person participating in the Triad gymnastics, L.C.'s birthday party and accept all risks associated with that participation.

Parent or Legal Guardian Signature Date

Payment may be made by cash, check, MasterCard or Visa. Please make checks payable to Triad Gymnastics. **If an emergency occurs, a 24 hour notice is needed to reschedule the party.**

Triad Gymnastics, L.C. 2202 SE Creekview Dr., Ankeny, Iowa 50021 515-963-0215
1 copy Triad, 1 copy customer

CHECK LIST OF ITEMS TO BRING TO PARTY:

- ____ Matches or Lighter ____ Candles
- ____ Knife or Serving Utensils ____ Tableware (i.e. forks, spoons, plates, bowls)
- Unless Triad is providing*
- ____ Table Decorations (optional) ____ Participant waivers (waivers signed before entering party)

Birthday Party A La Carte Options

Tableware Color: ____ Red ____ Blue ____ Orange ____ Green ____ Purple
 Items needed: ____ Plates ____ Napkins ____ Table Cover ____ Utensils
 Invitations: If yes, how many are needed:_____
 Thank You notes: If yes, how many are needed:_____