

DATE: \_\_\_\_\_  
Time: \_\_\_\_\_



## 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  
*Unless Triad is providing*

\_\_\_\_\_ Tableware (i.e. forks, spoons, plates, bowls)

\_\_\_\_\_ Table Decorations (optional)  
entering party)

\_\_\_\_\_ Participant waivers (waivers signed before

## **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: \_\_\_\_\_