



914 Lackawanna Avenue, Horseheads, NY 14845
 P. (607) 739-7080 Info@SkyGymnastics.com

Special Event / Birthday Party Contract

DATE OF PARTY: _____ (Initial _____) TIME: _____ (Initial _____)

Approximate Number of Participants: _____

Child's Name: _____ Age: _____ Gender: _____ Birthdate: _____
 Parents' Names: _____ Home Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone #1: _____ #2: _____ Email: _____

Party Format

All parties are 1¼ hours of gymnastics, and 45 minutes of "party time" in our designated party area. All parties include a group warm-up activity guided by our instructors.

Choose Only One

- ____ **Structured Party:** After the group warm-up activity, the gym party time will consist of group activities that are guided by our instructors at all times.
- ____ **Unstructured Party:** After the group warm-up activity, the gym party time will be in an "open gym" format.
- ____ **Combination Party:** After the group warm-up activity, the gym party time will first consist of group activities guided by instructors, and then be conducted in an "open gym" format.

Party Type & Special Instructions/Requests

- ____ **Non-Exclusive Party** (\$245 for up to 20 participants, \$8 for each additional participant).
 Other groups, or private lessons, may be in the gym during the party.
- ____ **Exclusive Party** (\$345 for up to 20 participants, \$8 for each additional participant).
 Complete rental of the facility during the gymnastics portion of the party. No other groups, or private lessons, will be in the facility during this time.

Special Instructions/Requests for Equipment or Activities (ex. Trampoline, Parachute, Obstacle Course, Urban Gymnastics*, etc.)

1) _____ 2) _____

**Please note that due to insurance regulations, children who are 12 years old, or older, are not permitted to perform "Urban Gymnastics" skills or event set ups at our birthday parties.*

Sky Gymnastics, LLC Birthday Party Policies

Cancellation Policy (Initial _____):

- 29 days or more prior to scheduled date – refund of payment minus \$50 Cancellation Fee.
- Between 15-28 days prior to the scheduled date – refund of payment minus \$100 Cancellation Fee.
- 14 days or less prior to scheduled date – No Refunds.

Date/Time Change Policy (Initial _____):

- 29 days or more prior to scheduled date – \$25 Change Fee.
- Between 15-28 days prior to the scheduled date – \$50 Change Fee.
- 14 days or less prior to scheduled date – \$100 Change Fee.

By signing below, I am acknowledging that this contract, & payment, is for the specific date and time of the party listed above. I also acknowledge & understand the fees associated with both the Cancellation Policy, and Date/Time Change Policy.

Name (Print): _____ Signature: _____ Date: _____

For Office Use Only: Payment Amount: _____ Payment Method: _____ Payment Date: _____ Confirmation Call Date: _____