

**Brooklyn Gymnastics & Cheer**  
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## **Birthday Party Agreement**

Today's Date: \_\_\_\_\_

Date of Birthday Party: \_\_\_\_\_ Time: \_\_\_\_\_

Birthday Person Name: \_\_\_\_\_ Age: \_\_\_\_\_

How many guests are expected: \_\_\_\_\_ Ages of children attending: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_ Other Phone No: \_\_\_\_\_

Notes: \_\_\_\_\_

### **Policies I Agree to Adhere to:**

My signature below signifies my agreement to these rules:

1. There will be NO adults on the equipment. Adults chaperoning will assist instructors as needed/directed.
2. Every participant must have a signed waiver to participate in the gym activities before the party begins.
3. Parents of the party are invited to take photos and videotape the party in the gym.
4. Birthday Party deposits are non-refundable.
5. Refunds are not given if less show than are scheduled

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

.....  
**Office Use:**

Contacted prior to Party on (Date) \_\_\_\_\_

Party Total Guest Count # \_\_\_\_\_ Waivers collected # \_\_\_\_\_

Cost of Party: \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_ Date: \_\_\_\_\_ Type of Payment \_\_\_\_\_

Balance\$ \_\_\_\_\_ Date: \_\_\_\_\_ Type of Payment \_\_\_\_\_