

SUNRISE GYMNASTICS ACADEMY INC.

3640 N HOLLAND SYLVANIA RD.

TOLEDO, OHIO 43615

(419)841-2902

SGA PARTY CONTRACT

- Name of Birthday Child: _____ Age on Birthday _____.
- Parent/Guardian Names: _____
- Home Address: _____
- Phone Number: _____ Date of Party: _____
- Time: _____ How many guests expected: _____

AGREEMENT

-This agreement is between Sunrise Gymnastics Academy and the parent/guardian named above for a birthday party reservation on the date and time specified. The party will be 2 hours in length with an estimated total cost of \$295.00 for up to 15 children. Any additional children beyond the 15 included in the base price will incur a charge of \$5.00 per child, payable on the day of the party by cash, check, or credit card (please note a 4% processing fee applies to card payments).

-We provide five tables for your use — two round tables and three rectangular tables — to help accommodate your guests and party set up.

-A Birthday Party Organizer will be provided for each party to assist with event coordination, support guests as needed and ensure that all Sunrise Gymnastics Academy safety protocols are properly followed within the gym.

-You may enter the facility no earlier than 15 minutes prior to the party start time listed above.

The initial \$295 payment is due on or before signing this contract.

Tips are not required but respectfully appreciated 😊

Parent/Guardian Signature: _____

Date: _____

Parent Email: _____

*Employee fills out bottom portion of the contract:

Balance Paid: _____

Payment type: _____

Received by: _____

(Employee initial)