



OCEAN CITY
GYMNASICS

33 Tupelo Ave. SE, Fort Walton Beach, FL 32548

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oceancitygymnastics.com

Party Contract:

Name of Party Child(ren): _____ Age(s): _____

Date Scheduled: _____ Day of week: _____ Party Host(s)/Parent(s): _____

Address: _____ City: _____ Zip Code: _____

Contact Number: _____ E-mail: _____

Estimated Number of Guests: (children): _____ (adults): _____

How did you hear about us? _____

<p style="text-align: center;">Option 1: Gym Party 1.5 hours total (1 hr gym, 30 mins food /gift) Maximum of 15 children \$225 members/\$250 non-members \$175 Non-Refundable Deposit Additional 15 mins: \$25 Additional Guest: \$10 per guest</p>	<p style="text-align: center;">Option 2: Gym Party 2 hours total (1 hr 15 mins gym, 45 mins food /gift) Maximum of 25 children \$295 members/\$325 non-members \$100 Non-Refundable Deposit Additional 15 mins: \$25 Additional Guest: \$10 per guest</p>
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Please Read and Initial below:

_____ Parties will be prompt and will start and finish on time. If a party arrives late, time will still be adhered to.

_____ We cannot run other parties for times later than they are contracted.

_____ All children must be signed in and waivers must be signed by a parent/guardian.

_____ No shoes or socks permitted due to safety reasons.

_____ No drinks or snacks are allowed in gym area.

_____ Please refrain from eating during play.

_____ Children must use hands when hanging from bars. Do not hang from legs/knees only. No penny drops.

_____ No running.

_____ Please follow the arrows on the Tumble Trak.

_____ Attempting flips that are not properly trained or spotted is prohibited.

_____ Students must be polite to each other and to coaches. No bullying, hitting, or pushing will be tolerated.

Party Host/Hostess Signature: _____

Date _____

For office use only:

Party Cost _____ Additional time: _____ Additional guests: _____ Deposit: _____

Date paid: _____ Received by: _____ Party Date/ Time: _____

Balance: _____

Party Contract:

I further understand that medical/liability insurance is the full responsibility of the parent/guardian. I acknowledge that I have read the party rules and regulations and agree to enforce them during the party. I acknowledge that I am responsible for ensuring that waivers for all participants are turned in prior to the start of the party. I agree to pay the non-refundable deposit to hold the date for the party. If I cancel the party less than 5 full days before the party date, I will be responsible for the full payment of the party. I acknowledge that additional fees will be charged if my party exceeds the scheduled time limit or if my maximum number of participants is exceeded.

Signature: _____

Date: _____ Check # _____ Amount: _____

Cash Amount: _____

Credit Card: (fill out information below)

Please charge my credit card: Amount: _____

Name: (as it appears on the credit card) _____

Billing Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Card Type (please circle one): Visa MasterCard AMEX Discover

Signature for authorization of credit card payment:

For office use only:

Party Cost _____ Additional time: _____ Additional guests: _____ Deposit: _____

Date paid: _____ Received by: _____ Party Date/ Time: _____

Balance: _____ Total: _____