



33 Tupelo Avenue
 Fort Walton Beach 32548
 850-728-4143
 www.oceancitygymnastics.com

Party Contract

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

Date Scheduled: _____ Day of week: _____

Party Host(s)/Parent(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____ E-mail: _____

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

How did you hear about us?

Option 1: Gym Party

1 ½ hours total (1 hr gym, ½ hr food/gifts)

Maximum of 15 children

\$175 members; \$200 non-members;

\$75 Non-Refundable Deposit

Additional 15 mins: \$25

Additional guest: \$10 per guest

Hamster Ball: Price may vary

Option 2: Gym Party + Hamster Ball

2 hours total (1 hr 15 mins gym, 45 mins food/gifts)

Maximum of 25 children

\$245 members; \$275 non-members;

\$100 Non-Refundable Deposit

Additional 15 mins: \$25

Please Read and Initial

- 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 Name

Signature

_____ Date _____

For office use only:

Party Cost _____ Additional time: _____ Additional guests: _____ Total: _____

Deposit: _____ Date paid: _____ Received by: _____

Party Date/ Time: _____

Balance: _____



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I further understand that medical/liability insurance is the full responsibility of the parent/guardian. I acknowledge that I have read the birthday 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: (last 4 digits) _____ Expiration Date: _____

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: _____ Total: _____

Deposit: _____ Date paid: _____ Received by: _____

Party Date/ Time: _____

Balance: _____