

Towers Gymnastics Birthday Party

Date Requested: _____
Time _____
Birthday Child's name and age _____
Contact Name _____
Phone _____
Email _____
Address _____
Estimated number of party attendees: _____
Extras requested: _____
Extra Pizza: _____
Extra Bagels: _____

By signing this agreement, you are committing to booking your party on the above date and time. A nonrefundable \$100 deposit is required to secure your party date. You are required to pay the final balance for your party no later than the Friday before your scheduled party, and NOT after. Payment can be made in cash, check or credit card.

Parent signature: _____

Office Use only		
Base Price:	Extra Children:	Extra Requests:
Extra Pizza/Bagels:	Minus Deposit:	Total Amount Due:
Credit Card#:	Exp:	CCV: