

**Rising Stars Gymnastics Academy** 520 Hayward Avenue North Oakdale, MN 55128

www.risingstarsgym.com (651) 730-4376

## **Party Agreement**

Today's Date:				
Date of Party:		Time:	to	
Type of Party (circle one):	<b>Bronze</b> (1hr. Gym only \$195.00)	<b>Silver</b> (10 kids 1.5	hrs.\$230.00)	
Name of Birthday Child:	Ag	ge (on this birthday)	: DOB:	Male or Female
How many guests are expe	ected (including birthday child): _	A	ges of children attend	ing:
Parent Name:				
Address:		City:	State:	Zip:
Daytime Phone No:	Evening Phone No:			
**Special Notes:				
	eds (please specify)			
<ol> <li>No children under the a</li> <li>Every guest at the party</li> <li>Birthday party deposi</li> <li>The balance must be required, but if you wou</li> <li>Parties cannot run longhere</li> <li>Parties that exceed the than 2 extra guests will</li> <li>Please note that the b</li> </ol>		ym without parent sparticipate in the gy  f the party. The bamay do so in cash.  you will be charge  Il be charged a \$20  Y party. No exception warm, especially	supervision.  I'm activities before the alance does not included initial here)  I fee per extra guest.  I fee per extra guest.  I fee initial here.  I fee initial here.  I fee initial here.	ne party begins.  ude gratuity. Gratuity is no <u>5 min after.</u> (initial  For safety reasons, no more re)
Signature		Date		
	·************************************	*******	*******	*********
•	pate)			
Birthday Party Total Guest Co	,	Vaivers collected #		
Cost of Party: \$			<del></del>	
Deposit \$	 Date:	Тур	e of Payment	
Balance \$	Date:	Тур	e of Payment	