



**GIRLS INC. GYMNASTICS**  
 531 E. Ortega St. Santa Barbara, CA 93103  
 Phone: (805) 963-4492 Fax: (805) 963-1451  
 Email: gymnastics@girlsincsb.org  
 www.girlsincsb.org

## Birthday Party Contract

**Party Date Requested:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name of Birthday Child:** \_\_\_\_\_ **Age (turning):** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Currently Enrolled Gymnast:**  **Yes**  **No**  **Female**  **Male** **# of Guests** \_\_\_\_\_

**Please note the following rules & guidelines:** The party will be set up the age of the **Birthday Child**. (The equipment height & activities may not be suitable for younger guests). **Please do not arrive more than 30 minutes** prior to your scheduled party time. Only the children attending the party are allowed in the gym area and must remain with the party staff at all times. All children attending party must have a signed waiver for insurance purposes. The party parent and one helper may enter the gym area to video and take pictures. All other parents must remain in the designated viewing area for safety reasons. Adults are **NOT** permitted on the equipment. Children classified with special needs may have a parent or aid to assist them.

- A **non-refundable** deposit is required to reserve the party date and time
- Parties must end at scheduled time (1 ½ or 2 hours). There is an additional \$25 for each additional 15 minutes in the party area.
- Party guests must be in proper workout attire (see info packet).
- No food or beverages are permitted in on the equipment/ carpeted areas.
- The number of guests attending must be finalized 1 week prior to the date of the party.

Description	Rates	Select One
<b>1 ½ Standard Party- Up to 10 Kids</b> -1 Hour of Gymnastics Instruction - ½ Hour Party Time	<b>\$175</b>	
<b>-2 Hour Birthday Party-Up to 10 Kids</b> - 1 ¼ Hour of Gymnastics Instruction - ¾ Hour Party Time	<b>\$ 205</b>	
<b>-2 Hour Birthday Party-Up to 10 Kids</b> -1 ½ Hour of Gymnastics Instruction - ½ Hour of Party Time	<b>\$205</b>	

Additional Guests: \$10 x \_\_\_\_\_ = \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

I understand that Girls Inc. of Greater Santa Barbara and its staff are not responsible for personal injury or loss of property. I give my consent to Girls Inc., its leader and employees; to obtain any and all medical care in the event of an emergency situation or accident should occur which reasonably requires such care while the participating children are taking part in all activities sponsored by Girls Inc. I further agree to pay for all medical charges incurred in connection with such care not provided by Girl's Inc. insurance policy.

**I have read the above rules and regulations and medical release and agree to the provisions specified.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY			
Deposit Amount:	Payment Type: Check # _____	Cash	Visa Mastercard Received By:
Balance Due:	Payment Type: Check # _____	Cash	Visa Mastercard Received By: