



Girls Inc. Gymnastics

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www.girlsincsb.org

of Greater Santa Barbara

PARTY CONTRACT

Date of Party: ___/___/___ Time: ___:___ Approx. # of Participants (Children)___ (Adults)___

Child's Name: _____ Male / Female Age child is turning: ___

Parent's Name: _____ Girls Inc. Member: Yes / No

Contact Phone #: _____ Email Address: _____

PLAN YOUR EVENT

SILVER PACKAGE

\$175 member / \$190 non-member

1 ½ hour party price includes up to 10 Guests (\$10.00 per additional). Party is 1 hour of age appropriate, exciting warm-up, games, obstacle courses, supervised free play and ½ hour use of our designated party area.

GOLD PACKAGE

\$205 member / \$220 non-member

2 hour party price includes up to 10 Guests (\$10.00 per additional). Party is 1 ½ hours of age appropriate, exciting warm-up, games, obstacle courses, supervised free play and ½ hour use of our designated party area.

OPEN GYM PACKAGE

\$100 + \$10.00 per participant

2 hour supervised open gym time. Guests will be greeted and checked-in to this open gym time. Guests can have access to the designated party area for refreshments and celebrating, if desired, in the last ½ hour and scheduled when booking.

PLEASE CHECK THE DAY AND TIME REQUESTED FOR YOUR PARTY

(All times subject to approval and coaches availability)

Saturday Party	1:30 p.m. _____	Sunday Party	12:30 p.m. _____
Saturday Party	4:00 p.m. _____	Sunday Party	3:00 p.m. _____

PARTY PACKAGE CHOICE: SILVER GOLD OPEN **PARTY COST:\$**_____

EVENT DEPOSIT & EVENT DETAILS

Please Read and Initial

Party Format:

Party host can arrive 30 minutes prior to scheduled time to decorate and bring in party supplies and items to the designated party area only. The party will be set up for the age of the birthday child (the equipment height and activities may not be suitable for younger/older guests). Party host and early arrivals must remain in our waiting area and off equipment until party start time. Guests will be checked in at start of party time. Instructors will greet the party guests and review gym rules and safety. Guests will have 60/90 minutes in our supervised gym area. The remaining 30 minutes will be spent in the designated party area. Party must promptly end at designated time to allow for clean-up and 2nd party set-up. _____ (INT.)

What We Provide:

Girls Inc. Gymnastics will supply the gym, the party area, staff, tables, chairs, and plastic table coverings. Liability releases will be available at the party and can be emailed prior the event. _____ (INT.)

What to Bring:

You may bring refreshments, snacks, food, dessert and/or decorations for your guests. Things you may want to include: paper goods (i.e. plates, cups, and napkins), utensils, a large knife, candles and matches if you are serving cake. No piñatas or confetti, please. _____ (INT.)

What to Wear:

Participants should wear comfortable clothing that is free of buckles or zippers. Baggy clothing or clothes that "ride up" when upside down are not recommended. Jewelry is not permitted with the exception of post earrings. Bare feet are required for participants. _____ (INT.)

Release of Liability:

All participants must have a current release of liability. No one is allowed on the gym floor without a signed release form. Release forms will be available at your party and can be emailed prior to the event. All participants must abide by the rules set forth by Girls Inc. Gymnastics. As a reminder, this is a supervised party, and at no time are participants permitted to be on the equipment without direct supervision from Girls Inc. Gymnastics staff. _____ (INT.)

Confirmation of Booking and Deposit:

Once we receive your party contract and selection of date and time, the gym office will arrange for coaches. Party host will receive confirmation of booking within 1 week of request. With limited staff, it is possible that the selected date and time might not be available. A \$50 **non-refundable** deposit is required for booking. If you choose to cancel your event, deposit will be issued as a gym credit. Gym staff will contact party host 2-3 days prior to the party to finalize event details and gather participant numbers. _____ (INT.)

Participants under the Age of 3 and Children with Special Needs:

Any participant under the age of 3 must have a parent/guardian or other caretaker present to participate. Children classified with special needs may have a parent/guardian or other caretaker/aid present, if needed. We will count this as a single participant; however the caretaker may not be on the equipment at any time without payment of an additional participant charge. _____ (INT.)

Non-participating parents, friends, and family:

Non-participating guests of the party must wait on the bleachers or in the designated party area. Adults are not permitted on the gym equipment. The party parent may enter the gym equipment area to video and take pictures, when appropriate. _____ (INT.)

Drugs or alcohol use is not permitted at Girls Inc. of Greater Santa Barbara:

At Girl Inc. Gymnastics you and your party guests' safety are of our utmost concern. Drugs or alcohol use on the property is grounds for removal from our facility. Thank you for your cooperation. _____ (INT.)

Please follow all rules and participate within your own physical activity; we reserve the right to move our guests to a different activity or section for safety, if necessary.

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

Signature of Parent/Guardian

Date

Tell us about your child:

Please provide any specific information (e.g. behavioral, emotional, cognitive, and/or social) that will assist us in ensuring we provide the birthday child with the most appropriate and supportive care during his/her party. This may also include additional guests who might need special accommodations and/or assistance during the party.

FOR OFFICE USE ONLY			
Contract Complete Date:_____	Number of Participants:_____	Member/Non:_____	Additional Fees (extra participants):_____
Deposit Date:_____	Payment Type: Check #_____	Cash Visa Mastercard	Received By:_____
Paid in Full Date:_____	Payment Type: Check #_____	Cash Visa Mastercard	Received By:_____