

Parent Name:			Number of children invited:		
Parent Email:			Parent Cell Phone:		
Birthday Ch	ild:	Birthdate:		Shirt Size:	
Party Date	:	Party Tim	e: Saturday <u>2:30 pm</u> <u>5</u>	5:30 pm; or Sunday <u>3:30 pm</u>	
Birthday Party	y Timing: (Please ini	tial on line below to ac	knowledge your acceptai	nce.)	
	Saturday 2:30	Saturday 5:30	Sunday 3:30		
Guests arrive Gym Time	2:30 pm 2:30 – 3:30 pm	5:00 pm 5:30 pm 5:30 – 6:30 pm 6:30 – 7:00 pm	3:30 pm 3:30 – 4:30 pm		
	rill be allowed back i the party reservatio		party room time. All gues	ts must be out of the building 15	
(init		s have been explained	to me and I understand t	he policy regarding timing and	

Birthday Party Agreement:

I understand that I am responsible for obtaining waivers for the children attending. Children without a signed waiver, either online or a paper copy, will not be allowed to participate.

Adults and children over 16 will not be allowed to participate. MEKS Gymnastics LLC is not responsible for injury to any person participating who falls into the above category.

I understand that **ALL FOOD AND BEVERAGES MUST STAY IN THE PARTY ROOM**. Absolutely no exceptions. Staff reserves the right to end any party or ask any guests to leave who will not follow this rule. I understand I may be billed for any damage or cleaning necessary and no refund of party cost or deposit will be given.

I understand that I may be held responsible for any damages to facilities or equipment caused by inability of party goers to follow both written rules and rules/instruction given by MEKS Gymnastics LLC staff.

I understand that guests behaving in a negative way or not following instructions of MEKS staff may be asked to leave.

I understand that there will be no alcohol or narcotics allowed inside MEKS Gymnastics Academy or in its parking lot. Smoking is allowed in parking lot only. Any person violating these rules will be asked to leave.

A nonrefundable \$25.00 deposit is due when reserving your party. The remaining payment is due when you arrive.

(continued on reverse)

Parent or Guardian Signature		Date
For Office Use:		
Deposit Received	Coaches Scheduled	
Invitations Given	_ Favors Made	# Children verified

The \$150 party fee covers 10 participating children. Additional children will be \$10 each. If you are asked to leave for inability to follow rules or due to bad behavior, your money will not be refunded.