

FLIPSide Gymnastics

Birthday Party

Thank you for booking a party at **Flip Side Gymnastics**. This is your copy of the birthday party information discussed with our staff. The highlighted information details the time, date, and additional "add-ons" you chose.

Changes may not be made once you have placed the deposit.

A \$50.00 non-refundable deposit was received on _____ and paid by _____.

DATE OF PARTY

TIME

Saturday 2:30 - 4:00

Saturday 4:30 - 6:00

Saturday 6:30 - 8:00

Sunday 1:00 - 2:30

Sunday 3:00 - 4:30

PARTY RATES:

MEMBER RATES

\$125 (up to 10 children)

\$150 (10 to 14 children)

\$175 (15 to 20 children)

NON MEMBER RATES

An additional \$15.00 per package

ADD ONS AVAILABLE

Cupcake package **\$35.00

Includes: fruit punch, cupcakes, plates, cups, napkins

Gymnastics Medal *\$2.00 per child

TOTAL MEDALS NEEDED: _____ x \$2.00 = _____

FINAL COST OF PARTY: _____

Parent Signature: _____ Date: _____

Staff Member Signature: _____ Date: _____

***Copy this form – original in binder, copy to parent