

153 Highland St, Port Chester, NY 10573 - 914-835-0010

Birthday Party Agreement

Birthday Child's Name:			
Age: Party Da	ate:	Party time:	
Parent's Name:			
Address:			
Phone:			
Number of guests inviting	j:		
The cost of the party is \$4 refundable deposit of \$20	-		tional child. A non-
Parties are 1 ½ hours long	g; 60 mins on the gyr	n floor and 30 mins to ϵ	eat.
We appreciate you choosing experience we ask you to adh		ty celebration. To ensure th	ne best possible
 All necessary paper good Only children attending counted as party guests. Only parents of the birth parents must remain in times. Those under 2 are Absolutely NO adults are All parties must start and keep all after party socia Please do your best to g staff appropriately. Your of attendees exceeds the Children are not permitt We accept cash and cree No Pinatas or confetti are 	ds, decorations, food, bever the party are allowed in a character and parents of 2 the viewing area. Parents a not permitted in the gyme permitted on the equipmed end on time. Another particular and accurate head comparty balance is based on a final head count you will sed back in the gyme area a dit cards only for party balare permitted.	ount one week prior to your part the final head count that you I be charged accordingly. If the gymnastics portion count the gymnastics portion country.	gym area. All other with their child at all wirthday child's siblings. arents. NO exceptions. ours' is over so please arty so that we can a give us. If the number oncludes.
Signature		Date	
For office use only: Deposit Amount \$ Confirmed head count:	On Final head count _	Type Balance \$	