

Sunrise Gymnastics Academy Inc.
3640 N Holland Sylvania Rd.
Toledo, Ohio 43615

Birthday Party Contract

Name of Birthday Child _____ Age on Birthday _____
Parents Names _____
Home Address _____
Phone Number _____ Date of Party _____
Time _____ How many guests expected _____

Agreement

This is an agreement between Sunrise Gymnastics Academy and above-named parent that the party will be on the date and time specified above for 2 hours and have an estimated total cost of \$270.00 for up to 15 guests. Party may enter the facility **NO EARLIER** than 15 minutes before the party start time listed above. Your payment of \$270.00 was received on _____ (date), CK# _____. The Balance due on the day of the party is \$5.00 for each additional guest over 15, payable by Cash, Check, or Credit card.

Tips are not required but respectfully appreciated!

Parent Signature _____ Received by _____

Teacher Assigned or requested: _____

Balance Paid _____ Payment type: _____ Date _____