



SVGTC Birthday Reservation Form

Scheduled Birthday Date ____/____/____

Day/Time: _____

Circle Birthday Package Option:

<p><u>Gym Birthday</u> 1 hour time in gym, supervision w/activities 1 hour in party area, table Party Favors for each guest Special Party Favor for birthday child You bring all food/drinks, decorations, set up & clean up. Up to 10 Guests: Members: \$125 Guests: \$150 Each Additional Guest: Members: \$10 Guests: \$12</p>	<p><u>Olympic Birthday</u> 1 hour time in gym, supervision w/activities 1 hour in party area, table, standard paper products Party Favors for each guest Special Party Favor for birthday child Pizza and 1 beverage for group We take care of clean-up! You bring cake and decorations. Up to 10 Guests: Members: \$185 Guests: \$210 Each Additional Guest: Members: \$12 Guests: \$15</p>
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Please note: Each birthday package requires completed waiver forms for each attendee.

Family Name: _____

Birthday Child(ren):

Number of Planned Participants: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I understand that my birthday party reservation date will be confirmed upon SVGTC's receipt of my \$50 deposit which is refundable until one week before the above date. If I have made a birthday party payment in full, this payment is fully refundable until one week before the above date. After this date, my full payment is refundable minus my \$50 deposit. On or before the date of the above scheduled party date, I shall provide Saco Valley Gymnastics Training Center, LLC with completed SVGTC Birthday Permission Forms for each child attending our party, including the children for whom I am legally responsible. I understand that this is a safety requirement and children for whom the said permission form is not completed and/or provided will not be granted admittance the gym or that portion of the party.

Printed Name: _____

Signature: _____ Date: _____

Office
Use
Only

Date _____	Amt: _____	CA	CC	CK# _____	Received by: _____	JR: Date: _____	Staff: _____
Date _____	Amt: _____	CA	CC	CK# _____	Received by: _____	JR: Date: _____	Staff: _____