



Birthday Party Application

A birthday for _____ who is turning ____ on _____.

Party Date and Time Requested _____

Second choice of Party Date and Time _____

of Participants _____ Avg. age of Participants _____

Decorating Required? Y/N Theme _____

Parents Name _____ Email Address _____

Phone Number _____

A \$50 Non-Refundable Deposit is required ASAP to secure your booking.
The remainder of the payment is due before your party starts.

I do hereby acknowledge that I am aware of all activities normally required in and associated with participation in the Calico Gymnastics Club. I acknowledge that there is a potential risk of injury involved. I waive and release and forever discharge any and all rights and claims for damage which may have, or may hereafter accrue to the participant against Calico Gymnastics Club, the organizers, or their respective officers, agents and representatives, or South Ridge Holdings.

Name: _____ Signature: _____

Date: _____

