

COURTHOUSE GYMNASTICS BIRTHDAY PARTIES

CHILD'S NAME _____ **LAST** _____

AGE CHILD IS TURNING _____

PARENTS' NAME _____

PHONE NUMBER: HOME _____ **CELL** _____

MAILING ADDRESS _____ **CITY** _____ **ZIP** _____

DATE OF PARTY _____ **TIME** _____

APPROXIMATE NUMBER OF CHILDREN INVITED _____

We will contact you if this date and time are already taken when we receive your information and deposit. Please read the following information, sign below and return to us.

I have read and understand the information attached.

SIGNATURE _____ **DATE** _____

-

PRICES

\$150 up to 10 children

\$5.00 each additional child (any that participates)

\$50.00 DEPOSIT REQUIRED WHEN YOU SCHEDULE PARTY.

MAKE ALL CHECKS OUT TO COURTHOUSE GYMNASTICS CO.

IF YOU PAY WITH CASH, GET A RECEIPT.