

# Birthday Parties at Gymstar



- ✓ **CONFIRM THE DATE:** Please call us at 985-8948 to confirm your desired time is available.
- ✓ **ARRIVAL AND PICK UP TIME:** Not more than 10 minutes before scheduled party. Please make sure parents pick up children at designated time
- ✓ **PARTY SUPPLIES:** The following items should be supplied by the parents: Tablecloth, Cups, Plates, Napkins, forks/spoons, Candles and Matches, Cake, Ice Cream & Drinks.
- ✓ **GYM ATTIRE:** Please have children wear leotards, sweat suits, t-shirts or shirts. NO tights with feet, sock, shoes or jewelry.
- ✓ **NUMBER OF CHILDREN:** Ten children is our recommendation for a fun, safe and Happy Birthday! Therefore we ask you to please honor the maximum of 10 children (including the birthday child). An additional fee of \$10 will be added to the fee for larger parties.
- ✓ **FORMAT:** One hour of fun and games, music and gymnastics with an instructor. One half-hour of food, gift and some supervised open gym time
- ✓ **PAYMENT:** The party is \$150.00 for an hour and a half hours (1.5 hours). A \$20.00 deposit is required when the reservation is made. Balance is due on the day of the party.

Complete the FORM below and make checks payable to: Gymstar Gymnastics, 3762 Shelburne Road, Suite 6, Shelburne, VT 05482. Phone: 985-8948 Email: [shellqym@yahoo.com](mailto:shellqym@yahoo.com).

\*\*We also ask that you list the names of the children attending and also sign the release form below. Enjoy and Have a Happy Birthday!

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Date and Time of the Party \_\_\_\_\_

Birthday Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone(s) \_\_\_\_\_

Please submit the names of the children prior to the party with a \$20.00 deposit.

- |          |           |
|----------|-----------|
| 1. _____ | 2. _____  |
| 3. _____ | 4. _____  |
| 5. _____ | 6. _____  |
| 7. _____ | 8. _____  |
| 9. _____ | 10. _____ |

I understand there are risks of physical injury inherent in participation in gymnastics and recreation activities. I hereby release Gymstar Gymnastics, Inc. and its employees for any liability for personal injuries.

\_\_\_\_\_  
Signature of person renting facility

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)