



Georgia Elite Gymnastics, Inc.
Birthday Party Confirmation

****All parties are on Saturday****

Date of party: _____

Circle The Time: 4:00-5:30 6:00-7:30

Child's Name: _____ Age child will be: _____

Parent's Name: _____

Address: _____

Phone Number: _____

Amount of Deposit (minimum of \$50): \$ _____

Credit Card #: _____ Exp. Date: _____ Security Code: _____

Check #: _____ Cash: _____ Balance Due: _____

Special Requests:

Fees are as follows: \$200, for up to 18 children. A non-refundable deposit of \$50 is required to hold the date and time requested.

Gratuity is appreciated if you feel one is deserved!!!

By signing below, you have confirmed your reservation and forfeit the right to the return of your deposit. Georgia Elite Gymnastics, Inc. reserves the right to make any changes (in fee, scheduling, instructors, activities, as well as other miscellaneous issues) due to circumstances beyond our control, at any time with or without the consent of the person signing.

Parent/Guardian Signature

Date

OFFICE USE ONLY:

Instructor who reserved party : _____

Instructors scheduled: 1) _____ 2) _____