



douglasville gymnastics and cheerleading club, inc.

Building the Future One Child at a Time

BIRTHDAY PARTY CONTRACT

Child's Name: _____

Parent's Name: _____

Address: _____

Date of Party: _____ Time: _____

Birthdate: _____ Phone: _____

Number of Children: _____ Age Group: _____

I will be responsible for the conduct of the children in our party. I further understand that Medical/Liability Insurance is applicable only to the children enrolled in our programs.

If the Birthday Party is cancelled by me, without a two week notice before the party date, I will be responsible for the full payment of the party.

Signature: _____ **Date:** _____

OFFICE USE ONLY:

DEPOSIT: _____ **DATE RECEIVED:** _____