



Birthday Party Commitment Form

CHILD'S NAME: _____ PARENT(S): _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF PARTY: _____ AGE ON BIRTHDAY: _____

SATURDAY 1:30-3:00

SATURDAY 3:30-5:00

SATURDAY 5:30-7:00

ESTIMATED NUMBER OF CHILDREN ATTENDING: _____

Please call ACE 3 days before your party with the exact number of children attending.

COST and INFO: AGES 5 AND OLDER - \$199.00 FOR UP TO 12 GUESTS*

AGES 3-4 - \$199.00 FOR UP TO 7 GUESTS*

***\$15.00 FOR EACH ADDITIONAL CHILD**

PLEASE NOTE: There is an extra \$10.00 charge for more than one birthday child.

Price includes approximately one hour of gymnastics and gym games coordinated by an ACE Gymnastics instructor; followed by a half hour for cake and gift opening. We also supply the invitations, goody bags for each guest, and paper products. You are welcome to provide cake, beverages and/or other snack items you would like to serve.

GRATUITY IS OPTIONAL

A **NON-REFUNDABLE** \$50.00 deposit is required at the time of booking and the balance will be due upon completion of your party. *If your preferred method of payment is a credit card, please complete information below and the balance due will be charged to your credit card on the Monday following your birthday party.*

CARD HOLDER NAME: _____ VISA MASTERCARD

CREDIT CARD # _____ EXP. DATE: _____

I authorize ACE Gymnastics to charge the credit card indicated above to collect payment for the birthday party balance due concluding the reserved party and per the pricing specified on commitment form.

Parent Signature _____ Date: _____

DEPOSIT PAID: \$ _____ **Pmt. Method:** _____ **Date:** _____

Number of guests confirmed: _____ **Instructor Assigned:** _____

BALANCE DUE: \$ _____ **Pmt. Method:** _____ **Date:** _____