



3 New England Way, Lincoln, RI02865  
401-333-1530



Dear Birthday Party Mom or Dad

Thank you for booking your child's birthday party at Ocean State School of Gymnastics Center. We know all your guests will enjoy themselves because we have the best staff and offer a quality birthday party package. Our information states that your child, \_\_\_\_\_ is having his/her party at our gym on \_\_\_\_\_ . It also states, that you are expecting approximately \_\_\_\_\_ children. If any of this information is not right, please contact our office immediately. Leave the correction on our voice mail if necessary. Please return the attached Party Agreement form with a non-refundable deposit of \$50. Your balance will be due the day of the party. Your party fee is for twelve guests. After twelve guests, an additional \$20.00 per child is charged. Each child will need a waiver signed by a parent/guardian prior to entering the gym.

Here are a few things to know:

1. We provide tablecloths, balloons and goody bags. We also have a table for presents. You're welcome to come to the gym 1/2 hour before the party if you want to set up other things. Bring paper plates, napkins, etc. We strongly recommend juice boxes and cupcakes.
2. There is a late occupancy charge of \$20.00 for parties occupying the room longer than 15 minutes after the agreed upon time to end.
3. The parents of the birthday child only, are welcome to come into the gym for all the video and pictures that you want. Please speak to the coaches about when to take pictures. It is the responsibility of the parents of the birthday child to remind other visiting parents that they are not allowed in the main gym. In the gymnastics area, they must remain in the bleacher area or party room. In the rock climbing gym, they must remain upstairs in the mezzanine or party room. Sorry, but no one is allowed to use the stairwell as a viewing area because of fire and insurance regulations.

Sincerely,

Jill Waterman

# Party Agreement



Today's date \_\_\_\_\_

Name of birthday child \_\_\_\_\_ Age (on this B - Day) \_\_\_\_\_

Mom's or Dad's name \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening \_\_\_\_\_

Date of party \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

How many guests expected \_\_\_\_\_ Age range of children attending \_\_\_\_\_

1. This is an agreement between the Ocean State School of Gymnastics Center, Inc. and \_\_\_\_\_, that \_\_\_\_\_'s party will be as stated above and have a total estimated cost of \$\_\_\_\_\_, noting the non-refundable deposit of \$\_\_\_\_\_ received on \_\_\_\_\_. The balance is due the day of the party.
2. Payment may be made in cash, check or credit card. Please make checks payable to OSSG.
3. If an emergency occurs, 24 hour notice is needed to reschedule the party.
4. Only party guest are permitted in the gym. Spectators must remain in the bleacher area.
5. Birthday party guests must be either in stocking feet or barefoot.
6. This agreement must be signed and returned in order to guarantee your reservation.

\_\_\_\_\_  
*Parents signature*

Special notes \_\_\_\_\_  
\_\_\_\_\_

For office use only:

Type of party: Gymnastics \_\_\_\_\_ Rock climbing \_\_\_\_\_ Rock 'n Gym \_\_\_\_\_

Birthday party total guests \_\_\_\_\_ 1-12 participants \$250.00, each additional child \$20.00

Total of \$ \_\_\_\_\_ Balance on party day \$ \_\_\_\_\_

Deposit of \$ \_\_\_\_\_ received on \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ or CC \_\_\_\_\_

Balance of \$ \_\_\_\_\_ received on \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ or CC \_\_\_\_\_

Office persons initials reserving party \_\_\_\_\_

Coaches: \_\_\_\_\_

401-333-1530 OSSG Office

Please send these with your invitations to the party participants



I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to participate in gymnastics/rock climbing activities during a birthday party held at Ocean State School of Gymnastics Center.

For rock climbing: (under the age of 14)

I prefer my child wear a helmet\_\_\_\_ (Initial)

My child may climb without a helmet\_\_\_\_(Initial)

\_\_\_\_\_  
Child's name & birthdate

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian signature

\* PLEASE BRING THIS TO THE PARTY \*

TYPE OF PARTY;Gymnastics \_\_\_Climbing\_\_\_Both\_\_\_



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\_\_\_\_\_  
Child's name & birthdate

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian signature

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Child's name & birthdate

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

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