



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! With our quality party package and amazing staff, we ensure that you and your guests will enjoy their time! 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 incorrect, please contact our office as soon as possible.

On the attached Party Agreement, please complete all highlighted areas and return with a non-refundable deposit of \$50. Your balance will be due the day of the party. The fee includes up to fourteen guests, each additional participant is \$25. A waiver signed by a parent/guardian is required prior to entering the gym.

Here are a few things to know:

1. We provide solid color tablecloths, balloons and goody bags. We also have a table for presents and food. You're welcome to come to the gym 1/2 hour before the scheduled party time to drop off any decorations. Bring paper plates, napkins, etc. We strongly recommend juice boxes and cupcakes.
2. There is a late occupancy charge of \$25.00 for parties occupying the room longer than 15 minutes after the scheduled time.
3. The parents of the birthday child only, are welcome to come into the gym for all the video and pictures you want! Please speak to the coaches about when to take pictures for the safety of the children while on the equipment. 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.

If you have any questions or concerns, please contact me at your convenience either by telephone or email. We look forward to hosting your child's birthday here at OSSG Center!

Sincerely,
Staci Bouchard
Event Coordinator
401-333-1530 x22
staci@oss.com

Party Agreement



Today's date _____

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

Mom's or Dad's name _____ Email _____

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 or credit card. (We except Visa, Discover and Master Card only.)
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 barefoot for Gymnastics.
6. I understand that photographs or videos of my child may be used for advertising purposes.
7. 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 _____ Swim _____ (seasonal)

Birthday party total guests _____ 1-14 participants \$295.00 (2 hrs), \$395.00 (3 hrs), each additional child \$25.00

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: _____

OSSG Center

Please send these with your invitations to the party participants or print out invitations on next page.

In order for participation, the following information must be read and signed. Thank You!

Name of participant _____

Birthdate _____ Phone _____

Address _____

Email _____

Your relationship to participant _____

I give permission for my child to participate in a birthday party at the Ocean State School of Gymnastics Center. I understand that gymnastics, rock climbing and swimming can be dangerous. I accept that any activity involving motion or height can cause serious, or catastrophic injury. The above named participant has had a medical examination within the last twelve months and is physically, mentally and emotionally capable of participating in athletic activities. Participants are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at OSSG. In the event of injury or illness, every effort will be made to contact the parents or guardian. If necessary, I authorize the staff at OSSG to administer first aid/or authorize medical treatment. I understand that photographs or videos of my child may be used for advertising purposes.



Signature _____

Date _____

* PLEASE BRING THIS TO THE PARTY *

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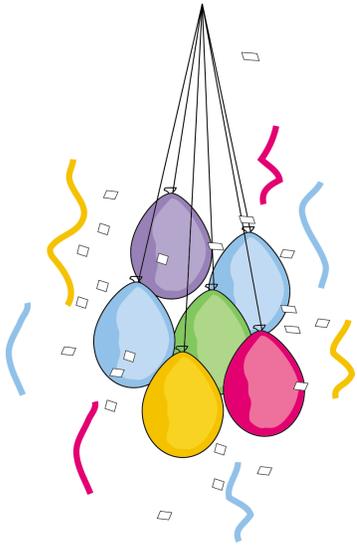
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Signature _____

Date _____

* PLEASE BRING THIS TO THE PARTY *



Join us for Hours of supervised Activities!



— Gymnastics

— swimming (seasonal)

We will also have games, inflatables,

party & cake!

Please wear

comfortable

clothing or a

leotard, No

jewelry in

the gym.

(More on Back)

You're invited to a birthday party
for _____
at the Ocean State School of
Gymnastics Center, at
3 New England Way in Lincoln, RI
401-333-1530



On _____
At _____
RSVP _____

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I give permission for my child to participate in a birthday party at the Ocean State School of Gymnastics Center. I understand that gymnastics, rock climbing and swimming can be dangerous. I accept that any activity involving motion or height can cause serious, permanent or fatal injury. The above named participant has had a medical examination within the last twelve months and is physically, mentally and emotionally capable of participating in athletic activities. Participants are expected to carry their own accident and medical insurance. I agree to be responsible for any medical bills incurred resulting from illness or injury while my child is at OSSG. In the event of injury or illness, every effort will be made to contact the parents or guardian. If necessary, I authorize the staff at OSSG to administer first aid/or authorize medical treatment.

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