



3 New England Way, Lincoln, RI 02865
401-333-1530

**Thank you for having your child's birthday party with
Ocean State School of Gymnastics Center!**

Members:
\$355 for 2hr Party
\$455 for 3hr Party



Non-Members:
\$395 for 2hr Party
\$495 for 3hr Party

Please fill out the required space and return with a **non-refundable** deposit of **\$100**. Balance is due the week before the party. If the number of guests exceeds the number stated above, balance for those extra guests is due the day of the party. All participants must have a signed waiver.

Upon Arrival:

- You may arrive 1/2 hour before the party.
- Bring food or drinks, paper plates etc. Juice boxes + cupcakes are strongly recommended.
- Children attending are welcome to leave shoes, socks, jackets and other belongings in the cubbies.
- Guests should wear comfortable clothing.

Gym:

- The parents of the birthday child are welcome in the gym for video + pictures.
- Any attendees under 3 must have an adult with them. Only 1 adult is allowed per child.

**Food & Drinks are not
provided by OSSG**

Other Info:

- The staff will be happy to help serve your guests + assist in carrying gifts to your vehicle.
- There is a late occupancy charge of \$25 for parties occupying the room longer than 15min after scheduled time.

Please feel free to contact us by phone or email if you have any other questions! We can't wait to share your child's special day at the OSSG Center!

401-333-1530
office@ossg.com



Customer Info

Name on Card _____ CC Number _____

CVC _____ Exp. Date _____

*Your card will be charged a week before the party

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 \$_____, including the non-refundable deposit of \$100 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 _____ 1-12 participants \$395.00 (2 hrs), \$495.00 (3 hrs)

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