

MICHIGAN ACADEMY OF GYMNASTICS, Inc.

WESTLAND BIRTHDAY PARTY CONTRACT

5870 Hix Rd. Westland, MI 48185

734-721-4001

BIRTHDAY CHILD: _____ M () F ()

PARTY DATE: _____ TIME: _____

TOTAL NUMBER OF PARTICIPANTS: _____ AGE RANGE: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____ (EMAIL) _____

I understand that in scheduling the party described above, I agree to, and take responsibility for, the following conditions:

1. I will distribute a copy of the waiver form to each participant. All participants must have a waiver signed by their parent to participate. Any adults entering the gym must have (adult waiver) signed.
2. I will see that the completed and signed forms are returned to the Michigan Academy of Gymnastics on or before the date of the party.
3. I will be present during the entire party and assist the MAG staff if necessary.
4. I will clean up the party area at the end of the event.
5. I have enclosed a non-refundable deposit of \$25.00 to guarantee reservation of the facility for this party.
6. I will be able to set up for the birthday party no earlier than 15 minutes prior.
7. All parties will begin & end on time. There will be an additional Charge of \$30 for every 15 min. over the reserved time.
8. No children allowed in the gym under the age of 3 years old.
9. **ADULTS SHOULD NEVER BE ON ANY EQUIPMENT.**
10. I will be responsible for the amount based on the final count given to the gym with 48 hours' notice, plus any additional guests that attend the party.

Signature

Date

MAG Representative

Date