



BIRTHDAY PARTY REGISTRATION FORM

The Details

You paid your non-refundable deposit of \$ _____
Please remember your balance of \$ _____ is due within 5 days of the party

Any additional children will be \$10 each (up to a maximum of 20 children) and can be paid for up to the day of the party.

Participants will spend 1 hour and 15 minutes in the gym and 45 minutes in the party room. You may arrive 20-30 minutes early to set up.

Please remember to fill out and return the Birthday Party Participant List included in this package with all relevant information and phone numbers for use in an emergency.

When sending out your invitations please remind guests to wear comfortable clothes with no buttons or zippers.

Keep in mind when arranging for food that our facility is NUT FREE.

If you have any questions please feel free to contact us at 905-427-0036, ajax.acros@on.aibn.com or drop by the office.

Now let's party!

Please detach this form and return to the office

PARTY INFORMATION

Date of Party: _____ Time of Party: _____ # of Guests _____
(Note: If the number of guests changes from the time of your booking please contact us a minimum of 4 days prior to the party.)

Current Ajax Acro's Member? YES NO

PARTY PARTICIPANT INFORMATION

Birthday Boy/Girl Name (First & Last): _____ Age: _____

Home Address: _____ City: _____ Postal Code _____

Contact (First & Last Name): _____

Phone #: _____ Alt #: _____ Email: _____

Medical Concerns: _____

THE RULES

- ◆ Children not participating must remain with other non-participating guests in the viewing section. The coaches will be focused on paid party participants and will not be able to supervise non-participants.
- ◆ Parents/adults are not permitted on the gymnastics equipment, trampoline etc.
- ◆ Food and drink are not permitted in the gym (party room only, please)
- ◆ No NUT products please – we are a NUT FREE facility
- ◆ NO alcoholic beverages or smoking are allowed in the facility or on the property
- ◆ You may arrive 30 minutes prior to the party. You must depart no later than 15 minutes past the end of the party time. Any additional time after 15 minutes you will be charged \$5.00 per every 10 minutes
- ◆ Payment is based on the number of participants confirmed by you a minimum of 4 days prior to your party. If additional participants attend, the fee will be adjusted, but will not be adjusted if fewer attend.
- ◆ The deposit is non-refundable if the party is cancelled.
- ◆ A list of party attendees (children) with full first and last names as well as emergency contact information is to be provided to the office by the start of the party.

I have read and understand all of the information provided and agree to the AAGC & DGA Birthday Party Rules and Conditions.

Signature of the responsible adult: _____

Office Use Only:

Booking Received By: _____ Date: _____ Total Party Cost: _____

Deposit: _____ Method of Payment: _____ Balance Owed: _____

Date Balance Paid: _____ Method of Payment: _____



Please complete the following list, detach and return to the office prior to the party.

	Birthday Party Participant Name (First & Last)	Age	Emergency Contact Number	Guardian/Parent Name (First & Last)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Please detach this form and return to the office.



Let's Party!

Get ready for you party on _____
 from _____

For more details see the back of this sheet.

