

Party Date _____

Party Time _____

America's Best Kids Sports Center Birthday Party Agreement

Name of birthday child _____ Age _____ DOB _____ Male/ Female

Parents Name _____

Day Phone _____ Evening Phone _____ Email: _____

Address _____ City/ State _____ Zip _____

Type of party (circle one) Gymnastics Dance Karate Cheer Swim - Add rock climbing? Yes___No___ (\$25)

How many guests expected _____ Age range of children attending _____

This is an agreement between America's Best Kids Sports Center and _____

The party above will have a total estimated cost (excluding add-ons) of \$ _____

*If I have more than 12 children in attendance, I understand that I will be charged an additional fee depending on the total number of children unless I have a swimming party which would be more than 20 children in attendance before I am charged for extra children. (Please see birthday brochure for current costs based on attendance.)

Tipping is highly appreciated by our staff, but is certainly not expected.

Payment may be made by cash, check, or credit card. Please make checks payable to ABK.

If an emergency occurs, a one time rescheduling is allowed. Cancellation Policy: A written notice must be received at least 10 business days prior to the day of the party and approved by a Customer Service Department Leader to cancel the party.

I understand that there are no adults allowed on any equipment and that every birthday party participant must have a signed waiver in order to participate.

*All children 3 years and younger must be accompanied by a parent or responsible adult at all times. We ask that an adult remain within arms reach of all children in this age group for safety of everyone.

*Swim Birthday Parties: A parent or guardian must remain in the swimming area (either in the pool or on the pool deck) for all children ages 5 and under.

I understand that no alcoholic beverages are allowed at parties.

I understand that my party must end on time to allow for the next scheduled party. I agree to pay a \$1.00 per minute fee for each minute over the allotted party time. Parties have a 45 minute activity and 45 minutes in the party room. Party rooms are assigned according to party type, location, and number of guests.

Parent Signature

Received By

THE FOLLOWING IS FOR OFFICE USE ONLY

Contacted prior to party on _____ Special notes _____

Cost of party 1-12 / 13-20 / 21-30 (# of Guests) _____

Less Payment - _____ Payment Date _____

Total _____ VISA MC CHECK CASH

Additional guests # _____ + _____

Party Add-ons # _____ x\$ _____ = + _____ Add-ons: _____

Tip (optional) + _____

Grand total = _____ Payment Type VISA MC CHECK CASH