

GYMNASTIC PARTY REQUEST FORM

Parent/Guardian's Name: _____

Child's Name: _____ Child's Date of Birth: _____

Address: _____

Primary Number: _____ Secondary Number: _____

Date Requested: _____ Approximate Time: _____

Number of Children Attending: _____ (up to 10 children)

Additional Children (\$10): _____ (Max of 20)

Party Location: 550 Business Center Drive, Mount Prospect

Cost: \$155

Theme: Gymnastics

Description:

For ages: 5 years & up

After an instructional portion on proper safety issues, basic tumbling and stretching you'll have an hour to have some fun on your own with the pits and the trampolines. Party room will be available for the duration of the 2 hour party to entertain guests. We'll provide a party room supervisor to help serve food, any setup you may want and all the clean-up.

Payment/ Cancellation Policy:

- Form must be completed at least 3 weeks prior to the date requested.
- Form should be recognized as a request form only; request form does not imply this party is finalized.
- Payment can be made at the time of request but does not indicate the party is finalized.
- Upon confirmation, payment must be made within 5 days to secure date agreed upon.
- Cancellation of party:
 - 10 days prior to the party date to receive a full refund
 - 5 days prior to the party date to receive a 50% refund
 - Less than 5 days prior to the party refund will be forfeited.

Increasing/Decreasing Number of Children: Number of party participants and final party details need to be provided to the River Trails Park District no later than 8 days before the party is conducted.

We agree to the terms specified above.

Signature of Parent/Guardian: _____

Date: _____

Please sign & hand in or fax back to River Trails Park District @ 847-255-1285

Office Staff

Turn Over

Supervisor only

| | | | | | |
|-----------------------------------|------------|-----------|--------------------------------|------------|-----------|
| Date Requested Approved: | Yes | No | Parent Contacted: | Yes | No |
| Secondary Date Suggestion: | _____ | | Suggestion Agreed upon: | Yes | No |
| Approved on: | _____ | | Approved by: | _____ | |

Office Use only

| Initial Payment | Additional Payment | Office Staff |
|--|--|---------------------------------|
| Total Fee: _____ | Balance Due: _____ | Payment Entered in Class: _____ |
| Amount Paid: _____ | _____ X \$5 ea. (Add'l. child): _____ | Date: _____ |
| Accepted by: _____ | Amount Collected: _____ | Entered By: _____ |
| Written in Book: _____ | Accepted by: _____ | |
| Entered in Class: _____ | Type of Payment (<i>circle one</i>) | |
| Original to Supervisor: _____ | Cash Check # _____ Credit Card | |
| Type of Payment (<i>circle one</i>) | | |
| Cash Check # _____ Credit Card | | |

_____ Payment not taken at the time of the request