

HAPPY BIRTHDAY

Birthday Party Contract/2Hours

Name of the B-day Child



Day/Date/Time: _____

Party for (# Guests) _____ Age: _____

Parents Name: _____ Phone number _____

Address: _____

Each Party is a minimum of \$180 (up to 10 guests) and \$10 each child after 10.

There will be a \$30 Deposit non transferable required to secure your party time. No refund if the party is canceled by the guest.

There will be a \$25 charge for any checks return to Euro Stars Gymnastics

It will be extra charge for any 30 min pass the agree time to finish time.

NO CHARGE FOR THE Birthday CHILD

Method of Payments: Cash: _____ Check: # _____

Euro Stars will provide the following:

- 1.Coordinator who is responsible for organizing the activities.
2. An area available 30 min before the party where you can set up for your own decorations your food ,refreshments, treats for the kids..



Party parent/Guardian agree to provide the following:

- 1.Any decorations, refreshment, goody bags, etc.
- 2.Helping clean the refreshments area after the party is over.

Signature of the Guest

Approved Euro Stars Gymnastics

Please call Maria Harabagiu 727 798 0861

Location: The Centre 1550 16 Street, Building 2 Palm Harbor Florida 34683

This Section is for the staff only:

Nr of guests: _____ Fee: _____ Deposit: _____ Date Paid: _____

Method of Payment: _____ Balance: _____