

Celestina Popa Gymnastics Inc.

Unit A, 20120 115A Ave. Maple Ridge, BC, V2X 0Z4 604-459-4458 www.celestinapopagymnastics.com

Registration Form – Birthday Party

Day/Date/Time of Party:	Number of Kids:
PLEASE READ ALL THE FOLLOWING INFOMATION:	
In the gym (1 hour) -coaches will start with age-appropriate fun games, a warm-up and stretching. The birthday child and guests explore the equipment with some basic gymnastics.	
 skills obstacle course (circuit on most of the equipment organized and supervised by our coaches! The last part of Bouncy Castle. Unfortunately, no trampoline use is permitted for guesting We set up the party room and tablecloth. In the party room (45 mins) – parents are in charge of the Parents must provide all necessities (plates, napkins, cup We clean-up! Cost (all taxes are included): \$200.00 up to 10 kids, addition 	of gym time will be free time including a sts under 6y (GBC regulations) this part of the party ps etc.) plus food /drinks for their guests.
Birthday Parties: The "birthday child" <i>must</i> be turning 5 years old or older; however, guests can be any age. For children under 4 years old and any child requiring one-on-one support, we ask for parents' /caregiver participation.	
We require a down payment of \$50.00 (E-T at: celestinapopa1@gmail.com, non-refundable) at the time of booking and the balance due at the time of the party. If you reserve a day/time over the phone/email, we will keep that reservation for 48 hours, after that, if the deposit has not been paid, your reservation will be cancelled. The minimum charge for birthday parties is \$200.00, even if there are less then 10 guests.	
The rest of the payment is accepted with E-T	
All the children participating in the gym at the birthday party will be included in the number of kids/party (the birthday child, siblings and guests) listed on the Party List/signed waiver.	
Parents arrive no more then 10 min early and you must be ready to leave on time. Parties are often booked back-to-back and we need time to clean/set-up the party-room.	
Child's Full Name Med	dical condition/Allergies
Birthdate (Y/M/D) Age M/F Email	
Parent/Guardian's name	

Signature of Parent/Guardian______ Date _____