



Celestina Popa Gymnastics Inc.

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www.celestinapopagymnastics.com

Registration Form – Birthday Party

Day/Date/Time of Party: _____ **Number of Kids:** _____

PLEASE READ ALL THE FOLLOWING INFORMATION:

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 vault, bars, beam and floor); structured, organized and supervised by our coaches! The last part of gym time will be free time including a **Bouncy Castle**.
- **Unfortunately, no trampoline use is permitted for guests under 6y (GBC regulations)**
- We set up the party room and tablecloth.
- **In the party room (45 mins) – parents are in charge of this part of the party**
- Parents must provide all necessities (plates, napkins, cups etc.) plus food /drinks for their guests.
- We clean-up!

Cost (all taxes are included): \$200.00 up to 10 kids, additional kids \$20/child (max of 14 kids/party);

Birthday Parties: The “birthday child” must 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 than 10 guests.

The rest of the payment is accepted with E-T or cash.

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 than 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 _____ Medical condition/Allergies _____

Birthdate (Y/M/D) _____ Age ____ M/F Email _____

Parent/Guardian’s name _____ Cell # _____

Signature of Parent/Guardian _____ Date _____