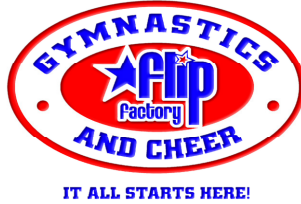


Birthday Party Reservation Form



Today's Date _____ Party Date _____ Estimated # Of Guests _____

Child's Name _____ D.O.B _____ Age Turning _____

Parent's Name _____

Address _____ City _____ Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Party Time: 1:00pm 3:00pm 5:00pm Package #: 1 2 3

Add Bounce House Y N (Additional \$30 for Package 1 & 2)

Special Requests: _____

Invitation Status Mail Date _____ Pick Up Date _____

Party Total \$ _____ Deposit Amount (1/2) \$ _____

Deposit Payment Type: Cash # _____ Check # _____ Credit V MC D

I acknowledge that I understand the risks inherent in participation in gymnastics/tumbling activities. Understanding that these risks cannot altogether be eliminated, I hereby voluntarily release The Flip Factory, its officers and staff, from all claims or actions arising from injury or harm which may result from participation, however caused. I have been encouraged to inspect the facility and equipment, to attend and observe the party if I wish to withdraw the child from any situation believed unsafe and bring all concerns to the attention of The Flip Factory immediately. I also agree to honor the gym policy of NO ADULTS IN THE ACTIVITY AREA OR ON ANY EQUIPMENT and to assist in the enforcement of this policy during the course of the party. ** Only the birthday child's parents/legal guardians are allowed in the activity area and this is to take pictures only, not to participate!

Parent/Legal Guardian Signature _____ Date _____