Have Your Birthday Party



Uzelac Gymnastics (Gymnastics)

148 Olympic Lane Johnstown, PA 15904 (814) 266-USA2 www.uzelacgymnastics.com info@uzelacgymnastics.com s FlipZone (Ninja or Aerial Arts)

> 445 Schoolhouse Road Johnstown, PA 15904 (814) 483-2369 www.uzelacgymnastics.com info@uzelacgymnastics.com



Choose from one of our following <u>Theme</u> Parties/ *Gymnastics Parties *Ninja Parties* Aerial Arts Parties* Something Special with Each Party! Call for more details.

Celebrate your Child's Birthday Party at Uzelac Gymnastics or the FlipZone with fun and games! We provide *1 hour* of "Fun-Nastics" in the main gym and *30 minutes* in our party room area. Call our office and book your Birthday Party, TODAY!

Choose from 1 of the following 3 Party Packages!

Red Package White Package **Blue Package** Up to 10 Kids - You receive the following: Up to 20 Kids - You receive the following: Up to 30 Kids - You receive the following: Instructor(s)- Safety Certified Instructor(s)- Safety Certified Instructor(s)- Safety Certified 1hr -structured gym time with instructor 1hr -structured gym time with instructor 1hr -structured gym time with instructor in main gym. in main gym. in main gym. 30min-In Party Room with Tables and 30min-In Party Room with Tables and 30min-In Party Room with Tables and Chairs. Chairs. Chairs. 10 Invitations 20 Invitations **30 Invitations** 1-Pizza (1 slice per child) 2- Pizza (1 slice per child) 3- Pizza (1 slice per child) Tables, chairs, table covers, plates, cups, Tables, chairs, table covers, plates, cups, Tables, chairs, table covers, plates, cups, napkins, and utensils. napkins, and utensils. napkins, and utensils. 1-Free Uzelac Gymnastics class coupon 1-Free Uzelac Gymnastics class coupon 1-Free Uzelac Gymnastics class coupon for each child! for each child! for each child! Setup & Cleanup of Party Area. Setup & Cleanup of Party Area. Setup & Cleanup of Party Area. Cost: Cost: Cost: Members: \$140.00 Members: \$190.00 Members: \$240.00 Non-members: \$190.00 Non-members: \$240.00 Non-members: \$290.00 \$50.00 Deposit is required during registration. \$100.00 Deposit is required during registration. \$75.00 Deposit is required during registration.

Gymnastics and Theme Parties (3yrs-15yrs)



<u>1 ¹/₂ Hours of FUN!</u> Please contact for available times!

<u>Sat</u>	<u>Sun</u>	
	1:00pm	
2:00pm	2:00pm	
3:00pm	3:00pm	
4:00pm	4:00pm	
5:00pm	5:00pm	
6:00pm	6:00pm	

See Prices above!



CHOOSE FROM THESE 3 PARTY THEMES (Circle One)

Gymnastics Party	(Please have children wear comfortable clothes. No Dresses)
Ninja Party	(Please have children wear comfortable athletic shoes and clothes)
Aerial Arts Party	(Please have children wear comfortable clothes. No Dresses)

BIRTHDAY PARTY CONTRACT

		(Parent's/Guardian Name)	(Child's First Name)		(Child's Age)
BIRTHDAY PARTY AGREEMENT WITH		WITH	FOR		
ADDRESS		CITY	ZIPCOD	E	_
PHONE NUMBER		DATE OF PARTY	TIME	NUMBER OF GUE	STS
PACKAGE FEE:	\$				
*DEPOSIT FEE:	\$	(A\$50.00, \$75.00, or \$100.00 non-refundable of	leposit is required, de	epending on which party	package you choose)
AMOUNT RECEIVED:	\$				
BALANCE:	\$	-			

PLEASE READ THE FOLLOWING:

In accepting this contract, you acknowledge the following:

- Other parties may precede or follow yours, so the 1 1/2 hour total time limit must be adhered to. (1 hour of gymnastics, ninja, aerial arts 1. and/or activities, ½ hour in the party room for the party. Please arrive within 15 minutes of the start of your party). Additional time may be purchased for \$25.00/half hour. Any additional time will be charged automatically if you fail to adhere to the rules.
- We will provide 1 hour of supervised gym time and/or activities time in the gym area, ½ hour of time for the use of the party room, party 2. invitations, tables, chairs, refrigerator, microwave, table coverings and all the dinner ware and utensils.

It is your responsibility to provide the cake, ice cream and drinks and any other party accessories that you will need for your party!

- 3. The deposit fee for the party is your confirmation. Your time slot CANNOT be reserved without the deposit fee. The balance MUST BE paid in full before the start of the party. If the amount of guest exceeds the contracted number, you will be charged an additional \$10.00/additional child fee
- You must call at least 2 DAYS prior to the party, if additional guest will be added and there is a need for additional coaches. The fee 4. increases by \$10.00 for each additional guest.
- You must call at least 2 DAYS prior to the party, if guest will be deleted and there is a need for fewer coaches. If you do not let us know you 5. will be charged for the full contracted amount.
- If the gym is closed due to inclement weather or some unforeseen problem, every effort will be made to re-schedule your party at a time 6. satisfactory to you.
- For SAFETY REASON, no children are permitted on the gym floor area and/ or any apparatus before or after the 1 hour of gymnastics 7. and/or activities time. Siblings that are not participating in the party must remain in the party room supervised by their parents. Parents must remain off the gym floor area except to take pictures.
- 8. Any child under 2 years of age, that is participating in the party, MUST have a parent with them at all times during the duration of the party (including the gymnastics/activities time) (NO EXCEPTIONS)

RELEASE AGREEMENT: Acceptance of this contract for a Birthday Party held at Uzelac Gymnastics is without assumption of responsibility of any kind by the Uzelac Gymnastics program and staff for injuries or losses which may be suffered or sustained in connection with activities during the period of time of the birthday party. Birthday party participants are expected to carry their own accident and/or medical insurance. Coaches, Instructors, and Staff of Uzelac Gymnastics are safety conscious and follow appropriate safety precautions. In event of injury or illness, every effort will be made to contact the parents or guardians of the birthday party participant. If necessary, I authorize the Uzelac Gymnastics to administer first aid and/or medical treatment.

Signature of Parent: _____ Date: _____

Signature of Uzelac Representative: