

Bucks Gymnastics Center II Birthday Party Reservation Form

Child's Name _____ Age at Birthday _____

Address _____ Town _____ Zip _____

Phone _____ Date Desired _____ Time _____

Number of children attending _____ Total Due \$ _____

I agree to all the rules and policies described on the Party Information Sheet. I also understand that I am responsible for clean up of tables only.

Date _____ Amount Paid \$ _____

Parent's Signature x _____

Return this form with payment in full to reserve your party date. (Cash Only)

Comments: _____
