

Fusion Gymnastics Birthday Party Reservation Form
582 Pit Rd., Brownsburg, IN 46112
(317) 858-5805

Birthday Child's Name: _____ Age: _____

Accompanying Parent's Names: _____ Phone Number: _____

Requested Party Date: _____ Requested Staff Member: _____

Time Requested: _____ Day Requested: _____

Actual approved time: _____ **Actual Approved Date/Day:** _____

Number of children expected to attend: _____

(There is a \$10.00 per child addition, if there are more than 11 children attending for parties 6 years and older or 7 children for parties age 2-5 years).

Approximate ages of children attending: _____

2-5 years olds

_____ \$50.00 deposit paid
_____ \$150.00 full payment
_____ **\$25 Member Discount**

6-18 year olds

_____ \$50.00 deposit paid
_____ \$150.00 full payment
_____ **\$25 Member Discount**

(The deposit is non-refundable if you choose to cancel the party)

Method of payment: _____ / _____ Invoice: _____ / _____

Reservation taken by: _____ Date reservation taken: _____

*Please return this form to the receptionist. The party coordinator will contact you to discuss/confirm details of your party.

*Please bring all waiver forms with you the day of your party.

Special Notes: _____