

**St. Louis Spirits Gymnastics Club
Group/Party Registration Form^(01/14)**

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

Saturday (2:15 PM or 4:00 PM) or Sundays (by request and approval) Date and Time Requested: _____

Nature of Party: _____ Birthday – Name of Birthday person: _____
 _____ Scout Troup - _____ Boy _____ Girl
 _____ Other

of Participants _____ Ages _____

Special request(s) of Spirits staff: _____
(gymnastics, cheerleading, athletic obstacle courses, etc.)

Party Plan Requested:

_____ Birthday Party - \$185 member/\$195 non-member for up to 15 children, \$5 for each additional child
 1 hour of gymnastics instruction, ½ hour for presents and refreshments

<i>Plan</i>	<i>Participants</i>	<i>Member</i>	<i>Non-Member</i>	<i>Subtotals</i>
Birthday Party	Up to 15	\$200.00	\$210.00	
Total number of extra participants	# of extra _____	@ \$5 each	@ \$5 each	
Extra 30 minutes in party room		\$20.00	\$25.00	
Final Total				

_____ Field Trip – Per person fee of \$_____.
 1½ hours of athletic instruction (gymnastics, cheerleading, athletic obstacle courses)

Total Fee: \$_____ x 50% = Total Deposit = \$_____
*(A confirmation packet will follow receipt of deposit. Maximum number of participants must be confirmed at that time.
 Balance due will be calculated then. Deposits must be received 7 business days prior to event.)*

Balance due: \$_____

*Deposit due upon registration. Balance due on event date.
 There will be a 10% of total fee charged for all cancellations.*

For Office Use Only

Date Registration & Deposit Received: _____ Confirmed Date/Time/Maximum Participants of Party: _____

Deposit: \$_____ Method: _____ Date of Phone Confirmation: _____ Initials: _____

Balance Due: \$_____ Method: _____ Initials: _____

Instructor(s): _____