



## Birthday Party Contract & Waiver

Address: 1301 S. Kaufman Ennis, TX 75119, 972.878.3255, Fax: 972.999.1693  
www.EnnisDanceAndGymnastics.com

Name of Birthday Child:		Age at Birthday:	
Responsible Party's Name:		Billing Address, City & Zip:	
Drivers License #	Date of Birth	Home Phone:	
Physical Address City & Zip:		Cell Phone:	Work Phone:
Email:		Emergency Contact & Phone:	
Where or how did you hear about us: <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Newspaper <input type="checkbox"/> Current Student <input type="checkbox"/> Internet <input type="checkbox"/> Friend/Referral <input type="checkbox"/> Outside Sign <input type="checkbox"/> Flyer <input type="checkbox"/> Magazine <input type="checkbox"/> Other, Explain _____			
How many children will attend:		How many adults will attend:	

Party Day:     Saturday                       Sunday                      Party Date: \_\_\_\_\_

Party Time:    10:00am – 12:00pm    1:00pm – 3:00pm    3:30pm – 5:30pm

**Method of Payment:**

Bank Draft – Attach void check here

Visa     Mastercard     Discover

\_\_\_\_\_ Card Number                      \_\_\_\_\_ Exp. Date                      \_\_\_\_\_ Sec. Code

Card Holder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

1. Responsible Party provides all food and party supplies. Cake, food, paper goods, etc.
2. All events must have a \$50 non-refundable deposit paid in order to reserve the date. The balance is due two weeks before the event date. The any additional costs must be paid via cash or credit card the day of event. I.e. going over the number of children, balloon bouquets, bounce house, etc.
3. Cancellation by Responsible party will result in forfeiture of deposit. In the event of postponement of the party and/or contract by the client, the deposit paid may be applied to a new party date, within one year from cancellation date.
4. A \$25.00 fee will be applied to any check returned due to insufficient funds.
5. All participating children must have the attached waiver signed, before being allowed on equipment.
6. The studio is a working facility and classes maybe held in other rooms during your event.

**Fee Schedule:**

Up to 12 children: \$200

13-22 children: \$225

23-32 children: \$250

Total Amount Due: \_\_\_\_\_

**Paid by:**

Cash

Amount: \_\_\_\_\_

Check

Check # \_\_\_\_\_

Amount: \_\_\_\_\_

Credit Card

**Responsible Party Signature:**

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

# GO! Dance & Gymnastics Studios

I, \_\_\_\_\_ (Parent/Guardian), hereby assume the risk of injury inherent in activities associated with Ballet, Tap, Jazz, Hip Hop Dance and Gymnastics, and all other activities associated with GO! Dance & Gymnastics Studios, Academy of Fine Arts Inc. I waive any claim to damages against GO! Dance & Gymnastics Studios, Academy of Fine Arts Inc. for any injuries that may be sustained during such activity. I also release my child's photo to be used in any positive manner in association with GO! Dance, ie. Newspaper, advertising, webpage, etc.

By signing this GO! Dance & Gymnastics Studio Waiver, the undersigned warrants that she/he is at least eighteen (18) years of age. If under the age of 18, a guardian signature is required.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Parent or Guardian Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Parent/Guardian Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Parent or Guardian Signature:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Date