



Birthday Party Application

Name of Birthday Child: _____ Birthdate: _____

Date of Party : _____ Time: _____

Check one _____ Upstairs Gym _____ Downstairs Gym

Check one _____ Standard Party (\$165.00) _____ Standard Party + Inflatables (\$200.00)

Contact Name : _____

Contact Home Phone : _____ Contact Cell: _____

A non-refundable deposit of \$50.00 must accompany this agreement

Birthday Party Agreement

This is an agreement between Scamps, Inc. and _____ (Parent)

that _____'s (Child) birthday party at Scamps will be stated as above.

Approximate number of guests _____ Approximate age of guests _____ Party estimate: \$ _____

A non-refundable deposit of \$50.00 was received on _____ By: _____

Estimated balance due for the party is : \$ _____

I understand that all participants must have a signed waiver and consent form turned in to participate in the party.

Parent's Signature: _____ Date: _____

Office Use Only

Actual Number of Guests: _____ Balance Due: _____ Receipt # _____ By : _____

Special Instructions:

Birthday Party Rate For 11 Guests Plus Birthday Child:	
1 Hr 45 Minutes Standard Party.....	\$165.00
1 Hr 45 Minute Standard Party + Inflatables ...	\$200.00
Additional Guests.....	\$10.00 Each