



Birthday Party Application

Name of Birthday Child: _____ Birthdate: _____

Date of Party : _____ Time: _____

Check one _____ Upstairs Gym _____ Downstairs Gym

Contact Name : _____

Contact Home Phone : _____ Contact Cell: _____

A non-refundable deposit of \$25.00 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 \$25.00 was received on _____ Receipt # _____ By: _____

Estimated balance due for the party is : \$ _____

Parent's Signature: _____ Date: _____

Office Use Only

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

Special Instructions:

Birthday Party Rate For 10 Guests Plus Birthday Child:

1 Hr 45 Minutes \$125.00

Additional Guests.....\$5.00 Each