



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CELEBRATE WITH FLIPS & FRIENDS

GYMNASTICS BIRTHDAY PARTIES STATELINE YMCA GYMNASTICS CENTER

All gymnastics parties are held at our NEW Gymnastics Center at 1239 Huebbe Parkway in Beloit, WI. Any questions, please contact Dalton Struebin at dstruebin@statelineymca.org or at 608-365-2261.



- All parties are held on Sundays or Saturdays, 1:30-3:30 pm or 2:00-4:00 pm.
- All parties are held to a 24-child-maximum. Any child participating in the party or party room (age 16 or younger) is counted as part of the group. The birthday child is included in the total count.
- The host may arrive up to 30 minutes early to decorate, set-up, etc.
- All parties are assisted with our YMCA Gymnastics Instructor.
- No alcohol, drugs or tobacco are allowed in our facility.
- Please check with Dalton Struebin if wanting to bring in outside food.
- The birthday group will be able to spend an hour & a half in the gymnastics room with an obstacle course set up, gymnastics lesson & games!
- Book your party today for a fun-filled time!

Stateline Family YMCA — Gymnastics Birthday Party

Child's Name:	Age: _____ Date of Birth: _____
Contact Person:	Relationship to child: _____
Address:	Home phone: () _____
City:	Cell Phone: () _____
Email:	Date of the Party: _____

Time:	Up to 8 Kids	9-16 Kids	17-24 Kids	Cake & Candles?
1:30-3:30 pm <input type="checkbox"/>	YMCA Member: \$150 <input type="checkbox"/>	YMCA Member: \$180 <input type="checkbox"/>	YMCA Member: \$205 <input type="checkbox"/>	Yes please! +\$25 <input type="checkbox"/>
2:00- 4:00 pm <input type="checkbox"/>	General Public: \$180 <input type="checkbox"/>	General Public: \$205 <input type="checkbox"/>	General Public: \$235 <input type="checkbox"/>	No thanks! <input type="checkbox"/>

PARTY AGREEMENT

I, _____ (Contact Person's Name) understand that payment in full is due two weeks prior to the party date. Cancellations must be made at least 2 weeks prior to the party date.

I have received the gymnastics rules, and I have read and understand all information provided in the gymnastics policies. I understand each participant must sign our waiver before participating. I agree to abide by all of the guidelines outlined in this Party Agreement.

Responsible Party's Signature: _____ Date: _____