



Performance Elite Gymnastics Party Reservation Form

Preferred Party Date: _____

2nd Choice Date: _____

Circle party day and time: School Year Sessions: Saturday Sunday & non-school days (when available)
Summer: Any day and time when there are no classes.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Morning or Afternoon

Party For: _____ Age: _____ Birthdate: _____

Contact Name: _____ PEG Member / Non-Member
Please Circle

Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

Approximate # of children expecting: _____

IMPORTANT: A non-refundable deposit of \$30.00 is required with any reservation. If the time requested is already taken, an alternate time may be suggested or your deposit will be returned. If your requested time slot is open you will be called and given a confirmation when your deposit is received.

- Only participating children will be allowed in the equipment area.
- Parents may come out on the floor, but for insurance purposes are NOT allowed on the equipment or in the pits.
- I understand that I am responsible to have all children picked up and can NOT leave any children at the PEG for a ride to come pick them up. I am responsible for bringing any and all refreshments and needed supplies (plates, cups, forts, napkins, etc.).

Parent Signature _____ Date _____