**Birthday Party/Gym Rental Registration Form**

MS Gym of Dreams

327 Brookhaven St

Brookhaven, MS 39601

601-833-6451

Name of Birthday Child or Organization: \_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (on this birthday): \_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Responsible Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you exceed 30 kids: \_\_\_\_\_\_\_\_\_\_

\*\*Agreement\*\*

This is an agreement between MS Gym of Dreams and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s party will be as stated above. Noting the non-refundable deposit of $25 received on \_\_\_\_\_\_\_\_\_\_\_\_ will be applied to the balance due on the day of the party.

Payment may be cash or check. Please make sure checks are payable to “MS Gym of Dreams.” A 2 week notice is required to reschedule party without forfeiting the $25 deposit.

I understand there are **NO ADULTS ALLOWED ON THE EQUIPMENT** and that I have 30 minutes in the party room and 55 minutes in the gym.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Responsible Party Signature Received by

**Total Deposit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**