



KOKOKAHI GYMNASTICS TEM
45-558 C – 21 Kamehameha Hwy, Kaneohe, HI 96744
BIRTHDAY PARTY RESERVATION FORM

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Birthday Child's Name _____ Will be _____ years old

Party Date _____ Party Time: (circle) Saturday: 4:00 - 6:00 PM

Sunday: 11:00 AM – 1:00 PM or 2:00 – 4:00 PM

Expected Number of Children _____ (includes birthday child)

Coaches Required _____ (1 coach for each 12 children)

FEES – (Party date will not be reserved and confirmed until all fees are paid. If booked by phone, parent must come to the gym to submit payment and sign this form to complete the reservation process.)

Gym Rental _____ (\$100.00 for two hours – you may come in 20-25 minutes early to set up)

Coaches _____ (\$50.00 per coach)

Total _____ Payment made by (circle): CASH or CHECK # _____ Date _____

Balance Due _____ Cash/Check # _____ Date Pd _____

REFUND POLICY: _____ (Customer Initial)

Coach fees and 50% of rental fee (only) will be refunded if cancellation is received two weeks or more before the date of the party. No refund for cancellations less than two weeks before the date of the party.

PARENTAL PERMISSION: _____ (Customer Initial)

Each child participating in the party must have a parent's signed permission on the parental permission form. Children without a signed permission form will not be allowed on the gym floor or equipment.

EQUIPMENT USAGE: _____ (Customer Initial)

No adults are allowed on the equipment, including the trampoline, at any time.

By signing below the customer understands, and agrees to abide by, the refund and parental permission policies, and acknowledges receipt of the parental permission forms and a copy of this form.

Customer Signature _____ Date _____

Print Name _____

KGT Staff Signature _____ Date _____