

KMC, Inc.
Dance & Gymnastics Center
912 W. Cypress Street
Kennett Square, PA 19348
(610) 444-4464

Birthday Party Agreement

This is an agreement between KMC, Inc. and _____
Parent's Name

that _____ gymnastics, dance (circle one) party will be as stated
Child's Name

below and have a total estimated cost of \$ _____.

Noting the NON-REFUNDABLE deposit of \$50.00 received on ____/____/____.

Payment may be paid by cash or check. Please make checks payable to KMC.

Balance of the party should be paid upon entering. (check or cash). If an emergency occurs, a 24 hour notice is needed to reschedule the party. *Birthday parties cannot be scheduled without a signed contract and party deposit.*

I understand ONLY PARTICIPATING CHILDREN ARE PERMITTED IN THE GYMNAS TIC AREA. PARTICIPANTS MUST STAY WITH THE INSTRUCTOR(S) DURING THE ONE (1) HOUR SESSION IN THE GYM. ALL NON-PARTICIPANTS AND PARENTS MUST REMAIN IN THE WAITING AREA.

Parent's Signature

A parent or legal guardian of each guest must complete the KMC Party Invitation/Waiver and present it at the front desk the day of the party

Please be aware your party is scheduled for an hour and a half and we must ask that the room be cleared promptly. Thank you for your cooperation.

Name of Birthday Child _____

Age: * _____

*Must be at least 5 years of age

Parent's Name _____

Date of Party ____/____/____ Day _____ Time _____

Home Phone _____ Work Phone _____

How many guests expected _____ Average age of children attending _____

Date and Amount of Deposit ____/____/____ \$ _____

Estimated cost of party (see rates below) \$ _____

There will be an additional \$30 charge for parties that run over their reserved time.

Effective -September 1, 2022

Up to 10 children* \$190

11-15 children* \$215

16-20 children* \$240

*Including the birthday child