

**St. Louis Spirits Gymnastics Club  
Group/Party Registration Form<sub>(10/08)</sub>**

Contact Name: \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Saturday (2:15 PM or 4:00 PM) or Sundays (by request and approval) Date and Time Requested: \_\_\_\_\_

Nature of Party: \_\_\_\_\_ Birthday – Name of Birthday person: \_\_\_\_\_  
 \_\_\_\_\_ Scout Troup - \_\_\_\_\_ Boy \_\_\_\_\_ Girl  
 \_\_\_\_\_ Other

# of Participants \_\_\_\_\_ Ages \_\_\_\_\_

Special request(s) of Spirits staff: \_\_\_\_\_  
*(gymnastics, cheerleading, athletic obstacle courses, etc.)*

Party Plan Requested:

\_\_\_\_\_ Birthday Party - \$185 member/\$195 non-member for up to 15 children, \$5 for each additional child  
 1 hour of gymnastics instruction, ½ hour for presents and refreshments

<i>Plan</i>	<i>Participants</i>	<i>Member</i>	<i>Non-Member</i>	<i>Subtotals</i>
Birthday Party	Up to 15	\$185	\$195	
Total number of extra participants	# of extra _____	@ \$5 each		
<b>Final Total</b>				

\_\_\_\_\_ Field Trip – Per person fee of \$\_\_\_\_\_.  
 1½ hours of athletic instruction (gymnastics, cheerleading, athletic obstacle courses)

Total Fee: \$ \_\_\_\_\_ x 50% = Total Deposit = \$ \_\_\_\_\_  
*(A confirmation packet will follow receipt of deposit. Maximum number of participants must be confirmed at that time.  
 Balance due will be calculated then. Deposits must be received 7 business days prior to event.)*

Balance due: \$ \_\_\_\_\_

*Deposit due upon registration. Balance due on event date.  
 There will be a 10% of total fee charged for all cancellations.*

***For Office Use Only***

Date Registration & Deposit Received: \_\_\_\_\_ Confirmed Date/Time/Maximum Participants of Party: \_\_\_\_\_

Deposit: \$ \_\_\_\_\_ Method: \_\_\_\_\_ Date of Phone Confirmation: \_\_\_\_\_ Initials: \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_ Method: \_\_\_\_\_ Initials: \_\_\_\_\_

Instructor(s): \_\_\_\_\_