

SPLAT Studio
P.O. Box 524
Palmyra, PA 17078
717-279-1802 - phone
SplatStudio@comcast.net - email
www.SplatStudio.net

BIRTHDAY PARTY CONTRACT

(Please fill in all information, sign and return)

1. Name of Birthday	Child:A	ge:	T-shirt Size:
	F		
3. Home Address:	Email:		
4. Daytime Phone #:	Ever	ning Phone	#:
		Time	:
6. Project:			
	arty Up To 15 Participants: 2 Ho	ur Party =	5175
Triple Play = S	SPLAT Studio Plus 1 Paramoun PLAT Studio Plus 1 Paramount		
Party Roon	1 - $2\frac{1}{2}$ Hour Party = \$265		
Circle One:	ices: o (80 min or 1 hour 20 min in SP Main Gymnastic Gym Pre-School Gym (Ages Birth Rock Climbing Gym Kidmazium (Socks Required) Grand Slam Sleepovers are b x # Participants	through 5)) ooked throu	igh Paramount
			Party Fee: \$
			Material Fee: \$
	Check # Cas	sh	Subtotal: \$ Less Deposit: \$ 100.00 Balance Due: \$
	**AGREEME	NT **	
This is an agreement b	etween SPLAT Studio and		stating
that	's party will be as st	ated above	and have a total estimate cost
of \$	Noting the non-refund	able depos	it of \$100.00, the balance due
	arty is \$		
	birthday party no later than o		
	e by cash or check. Please make ou must call 24 hours in advar lability.		
damage to clothing and	cipation in this party will involved participants may risk bodily injust document assumes all medicates at SPLAT Studio.	ury if safet	y instructions are not followed.
 Parei	nt's Signature		 Date