



*Birthday Parties at  
Livingston County  
Gymnasts*

Name of Birthday Boy/Girl \_\_\_\_\_

Date & Time of Birthday Party \_\_\_\_\_

Number of Guests \_\_\_\_\_

Color Choice for Paper Products \_\_\_\_\_

Deposit Paid \_\_\_\_\_

Coach Assigned \_\_\_\_\_

1 Hour instruction/open gym time

1 Hour in designated party area

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_