

GELICO GYMNASTICS

BIRTHDAY PARTY BOOKING

Date: _____ Booked By: _____

Birthday Child: _____ D.O.B _____

Contact Person: _____ Phone H: _____ C: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Note: Payment of \$200.00 is due at the time of your confirmation.

Birthday party cancellations made more than 30 days prior to the date will receive a full refund less a \$30.00 administration fee.

NSF: A \$25.00 service charge applies to NSF cheques.

| Date 1 st Choice | Date 2 nd Choice | Time | Ages | # of Children |
|-----------------------------|-----------------------------|------|------|---------------|
| | | | | |

Office Only:

Confirmed Date: _____

Total \$ _____ Taken By: _____

- Credit Card
- Cheque
- E-transfer

Credit Card \$ _____ Confirmation # _____

Cheque # _____ \$ _____

THANK YOU FOR CHOOSING GELICO GYMNASTICS!



Credit Card Authorization and Consent Form

I, _____ hereby authorize Gelico Gymnastics to charge my credit card for Birthday Party booking.

GYMNAST NAME: _____

GYMNAST CLASS: _____

Total amount to be charged \$ _____

Type of Card: Visa Master Card

All fields are mandatory

Credit Card Number: _____

Expiration Date: _____ 3-digit Security Code: _____

Name of Cardholder: _____

Email Address: _____

By signing this, I acknowledge the charges described hereon and assume full responsibility for said charges and agree to honor and abide by the terms of payment.

Authorized Signature of Cardholder: _____

Date: _____

Office Use:

Transaction ID: _____ Admin Initials: _____