



Travelin' Tumblers' Birthday Party Registration Form

Personal Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (C): _____

Email: _____

Child's name: _____ Age: _____

Party Information:

Party Date: _____ Time: _____

Number of Guests: _____ Age of Guests: _____

Price quoted: _____

Directions to Party:

Type of Party: (Choose One)

- Tumbling Party – 1 hour, less than 20 children
- Tumbling Party – 1 hour, 20-30 children
- Tumbling and Moonwalk – 1 ½ hours, less than 20 children
- Tumbling and Moonwalk – 1 ½ hours, 20-30 children
- Moonwalk Party (small) – 1 ½ hours _____ 2 hours _____ 3 hours _____
- Moonwalk Party (large) – 1 ½ hours _____ 2 hours _____ 3 hours _____

*Please note:

All parties include an appropriate number of instructors, based on the size of the party. We are available for longer and larger parties; please contact us for more details.

Optional Party Crafts: (Select one)

- Tambourines
- Hand painting
- Cereal necklaces
- Rhythmic ribbons
- Sand art (add \$3 per child)

Deposit Payment Information (2 options):

1. Checks payable to "Travelin Tumblers, Inc." in the amount of \$50.00
2. Please complete credit card deposit information, **credit cards are only accepted for birthday party deposits.**

Visa _____ or Mastercard _____

Card Number: _____

Expiration Date: _____

Cardholder's Name (Print): _____

Cardholder's Signature: _____

Please send \$50 deposit to:

Travelin' Tumblers, Inc.

10 Blazier Rd.

Warren, NJ 07059

Phone: 732.302.5850

Fax: 732.560.9606

Email: info@travelintumblers.com

I certify that the children at this party are emotionally ready, are in good health, and have my permission to participate in this program. I understand there is a risk in gymnastics and related activities and I am willing to assume those risks. I certify that the children have no ailments or disabilities that would prevent them from participating in Travelin Tumblers' activities. I agree to hold Travelin' Tumblers Inc., its agents, employees, and contractors harmless from any claims for any injury or illness incurred during participation in this program.

Parents Signature _____ Date _____