



The Cooper Young Arts District

1015 S. Cooper St. Memphis, TN 38104

Phone: 901.870.4348 / Fax: 901.278.0171

www.balletonwheels.org



Birthday Party Contract

Today's Date _____

Date Requested _____ Time _____ (all parties scheduled in 90 minute increments)

Alternate Date _____ Time _____

Name of Birthday Child _____ Age _____

Party Style: Creative Movement / "Princess" (Ages 3-7) Hip Hop Jazz Other _____

Contact & Billing Information

Name _____ E-mail _____

Address _____ Zip _____ Phone _____

Currently enrolled BOW Student yes no Mixed gender party yes no

Number of children attending _____ (Standard party includes up to 10 children) (Final count determined the day of the party)

Number of adults attending _____

Facilities & Services (please check all that apply)

Dance Rooms Requested for Party:

Carlton's Space The Peggy Studio (larger dance space)

► \$75 deposit due with signed agreement to reserve your date; Remaining balance due the day of the party.

Terms & Conditions

1. Responsible party provides all food, cake, drink, etc.
2. The Host can arrive 15 -20 minutes prior to scheduled party time; The party will begin right at the scheduled time with the number of guests at the studio at that time.
3. All events require a \$75 non - refundable deposit in order to reserve the desired date. The balance is due the day of the event, plus any additional fees. (i.e. additional students, special music choreography, damage to studio, etc.)
4. There is an additional \$25 Cleaning Fee if we clean up or \$0 if you clean it up.
5. Cancellation by the Responsible Party will result in the forfeiture of the deposit. In the event of postponement of the party and/or contract by the client, the deposit may be applied to a new party date, within 3 months of cancellation.
6. Final party balance must be paid in cash or credit card; Payments can be made on site or by calling in credit card information to: 901.870.4348.
7. The dance studio is a working facility and classes may be held in other rooms during your event.
8. BOW is not responsible for lost belongings. Please make sure all party guests have all belongings before leaving the studio.
9. It is the parent or guardian’s responsibility to notify BOW of any medical conditions of participants prior to the party. We are not responsible for student medical conditions or injuries.
10. Parent/guardian’s must sign a liability waiver on the day of the party.
11. Additional fees will apply after the standard 90 minute party time frame.
12. No food or beverage is permitted in any of the BOW dance studios.
13. No confetti is allowed in any of the rental space.
14. Hosting party is responsible for the behavior of all party guests and any damages incurred while at the BOW studios.
15. No alcoholic beverages allowed on site.
16. Hosts must also stay with each guest until parent/guardian has picked them up from the BOW facility.
17. Directions for your invites: BOW is located at the corner of Cooper & Walker. Please enter on the back parking lot. The studio is on the second floor.

*I have read and understand the Terms & Conditions under the BirthDay Party Contract with Ballet On Wheels Dance School. I agree to use the studio as described above and for the time period agreed upon.

Parent / Guardian / Responsible Party Signature _____

Ballet On Wheels Dance School Signature _____

For Office Use Only:

\$75 Deposit Rec'd ____ Date: _____ Balance Due at Party \$ _____ x (\$5.00 for each guest over 10) + Add Cleaning Fee \$ 25 __ Y __ N + Add Time Overage Fees \$35 __ Y __ N = Total Amount \$ _____

Payment Received __ Cash __ Check __ CC Party Instructor(s) _____ Student Waivers on file __ Y __ N

Staff Initials: _____ Date _____ Notes _____