2024-2025 Birthday Party Reservation Form



Date:	
Initial:	
Sent Package: _ Initial:	
initiai:	

McKeon Dance & Gymnastics Center 3A Spaceway Lane Hopedale, MA 01747 5084738166

Party Child:	DOB A	age
Address:		
Home Phone:	Cell Phone:	
Email:		
Date Requested:		
Time Requested:Number of Children:	Age Range:	_
	Circle Choice	
1 ½ hour	up to 12 kids (including birthday chil	d) \$260.00
1 ½ hour	13-20 kids (including birthday child)	\$310.00
1 ½ hour	21-27 kids (including birthday child)	\$360.00
deposit. Please be aware your res and a confirmation packet has be The balance of your party must b	e paid in full the day of your party by credit if you would like to add an additional 30 m	ceived your non -refundable deposit
My non-refundable deposit and signat policies regarding birthday parties at M	rure are my indication that I have read, understan- cKeon Dance & Gymnastics Center.	d and agree to comply with the above listed
Signature:	Date:	