Park Avenue Gymnastics
12239 SW 53 Street
Cooper City, FL 33330
(954) 434-0099

Field Trip Registration Form

School Name: _____

Contact Person Name: _____

School Address:_____

City:_____State:_____Zip Code:_____

School #:_____ Other #:_____

Date of Field Trip: _____

Number of Children Attending: _____

Field Trip Rules

- School Teachers must be there to help with children in case of any disciplinary problems.
- No food or drinks allowed in the gym area.
- NO ADULTS ON THE EQUIPMENT!!!
- There is NO SMOKING or ALCOHOL permitted.
- In order to receive a refund for your deposit, cancellation must be ONE MONTH prior to your party.
- We will do our best to honor your special requests, but they are not guaranteed.

I have read the above stated rules and agree to comply with them and make an effort to have my guests comply as well.

_____

Contact Person's Signature Date

For Office Use Only!

Field Trip Fees

Fee: _____ per Child

# of Children Attending:_____

Volunteer: ___ / Vol. for Pizza

# of volunteers: _____

Total: $_____

cc ck cash #_____

Initials:_____ date:_____