



FLIPPING FUN PARTIES AT MIGS!

The biggest and bounciest Trampolines in Rotorua (ages 5yr+)

The only Olympic size gymnastics sprung floor in Rotorua

A 20 metre Power Tumbling Track and air track

Bars, Ropes and Rings to climb and swing on

Balancing beams, inflatable equipment, monkey bars

Lots and lots of crash mats to jump, flip and go crazy on

Amazing staff that love to celebrate birthdays and play games

Bring your own food and drinks and use our fully equipped
kitchen and party room

YOU PROVIDE THE FOOD, WE PROVIDE THE FUN!

\$160 for 2 hours

(up to 10 children, extra children \$11 each)



Mid Island Gym Sports (MIGS) inc.

P: 07 3493 108

E: admin@migs.co.nz

PLEASE NOTE: To confirm your party, the \$160 deposit needs to be paid, no later than 2 weeks prior to the requested date, \$80.00 of this deposit is non-refundable if you cancel within 48 hours prior to the party

BIRTHDAY PARTY BOOKING FORM

Date requested: _____ alternative date: _____

Time requested: Saturday 10.30am-12.30pm or 1.00pm-3.00pm
 Sunday *please enquire for Sunday availability

BIRTHDAY CHILDS INFORMATION

NAME: _____ Date of birth _____

Any medical information: _____

CHILDREN ATTENDING INFORMATION

Number of children attending: _____ approx girls: _____ approx boys: _____

Age range of children: _____

Any medical conditions: _____

PARENT/CAREGIVER INFORMATION

NAME/S: _____ PHONE: _____

MOBILE: _____ EMAIL: _____

Please pay the \$160 deposit by internet banking to:
Mid Island Gym Sports
03 1552 0125092 00
Please use childs name and party date as reference

I give permission for my child/ren, as above named and their guests, to participate in MIGS gymnastics birthday party to be held at MIGS at the above written date and time. I will not hold MIGS coaches, instructors, or its representatives liable or responsible in case of injury, or any other claims that may arise out of my child/ren and their guests participation in MIGS gymnastics activities.

**I give permission for MIGS to seek medical care for my child/ren and their guests in an emergency. I also agree that all costs arising from medical treatment shall be my sole responsibility

Signed: _____ Date: _____