



PURE SHAO LIN KUNG FU

840 Old County Road, Belmont Ca 94002

Website: pureshaolin.com

(650)637-

Birthday Party

Date of Party: _____

Time of Party: _____

Location: Pure Shaolin Kung Fu 840 Old County Road Belmont, CA 94002

Name Of Child: _____ **Age:** _____

PhoneNumber: _____

Address: _____

Guardian Name: _____

Emergency Number: _____

Initial Non-Refundable deposit: \$ 50.00

Additional Options Selected or Notes:

Amount Paid: _____

Date: _____

Balance Due: _____

Pure Shao Lin Kung Fu will provide a qualified instructor and the use of its training facilities for a period not to exceed 2 hours of time. Guardian or Parent will provide all additional party supplies and agrees to abide by the rules and regulations of Pure Shao lin Kung Fu. Guardian or parent agrees that signature on this contract constitutes a nonrefundable and binding agreement between Pure Shao Lin Kung Fu and the Parent/Guardian. Furthermore,the Parent/Guardian agrees to absolve Pure Shao Lin Kung Fu, Inc. and it's employees and representatives from and costs or damages arising from and injuries and or liabilities suffered on these premises. It is understood the Parent/Guardian must provide Pure Shao Lin Kung Fu with signed permission slips and or waivers from all participants, parents or guardians.

Signed: _____

Date: _____