

JAE H. KIM TAE KWON-DO INSTITUTE

2000 Massachusetts Ave., Cambridge MA 02140

BIRTHDAY PARTY

Letter of Agreement and Waiver

Name of Party Organizer/Host:	
Name of Birthday Child:	Age of Child:
Contact Information	
Address:	
City: State: Zip:	
Phone: ()	
Email:	
Emergency Contact: Phone: ()
Party Date: Time:	
Expected number of guests:	
Party Price:	
(\$229 for non-members, \$199 for members, for up to 20 children. Additional cl	hildren \$10 each.)

Payment Method: _____

I, the above named organizer, acknowledge and agree to the following:

- To pay the above amount at the time of booking the party date.
- No party dates are guaranteed without prepayment. The institute guarantees that the date and time specified shall be reserved exclusively for the above named child's party.
- Any cancellation must be made more than seven days in advance of the party date and a \$70 administrative fee will be deducted from refund.
- No refunds will be given within seven days of the party date.
- Taekwondo is a physical activity and I acknowledge that physical activities bear inherent risks.
- Party organizer will be responsible for any damage to the facilities.
- Party organizer will provide food, beverages, and decorations.
- The institute shall provide instructor(s), 3 boards for birthday child, 3 boards for friends. Additional boards may be purchased for two dollars (\$2) each.

X______Signature of Party Organizer

Date of signature