

**SOCROC Turtle Bay Party Contract**  
**(Please print) & (Each category must be completed)**

**Ballpark  
number of guests  
expected:**  
\_\_\_\_\_  
  
**PLEASE ENTER  
A NUMBER**

My child, \_\_\_\_\_, is \_\_\_\_\_ a SOCROC student  
\_\_\_\_\_ **is not** \_\_\_\_\_ a SOCROC student,  
Will be celebrating his \_\_\_\_\_ her \_\_\_\_\_ (age) \_\_\_\_\_ birthday.

Please confirm my **reserved date** at the Turtle Bay SOCROC:

**Sunday** \_\_\_\_\_ **10:00 - 11:30 Noon\*** \_\_\_\_\_  
(Month) (Day) **12:00 - 1:30PM\*** \_\_\_\_\_ \*Check w/ coordinator about times  
They may vary by 1/2 hour.

**CANCELATION POLICY: *If I cancel five (5) days prior to my party I will be able to get a refund of 50% of the balance paid. If, for any reason, I have to cancel the Party 1 day immediately preceding the contracted date I understand that I will be responsible for the full cost of the Party Package. I understand that there will be NO refund whatsoever.***

I am remitting the non-refundable deposit of \$300.00 to secure the party date. I am also remitting my **Visa/MasterCard number**. Ten (10) days before the party I must tell SOCROC the total number of guests expected. And at that time, I agree that SOCROC shall charge the remaining balance. This policy assures adequate staffing. SOCROC is not responsible for any cancellations. If SOCROC does not hear from me, I understand that I will be charged for the estimated number I entered on this contract and the party will be staffed accordingly.

**Visa/MasterCard #** \_\_\_\_\_ **Exp Date: Month:** \_\_\_\_\_ **Year** \_\_\_\_\_ **Code** \_\_\_\_\_

**Please Initial** \_\_\_\_\_

I assume ordinary risks when using the facilities and agree not to hold Children's Athletic Training School, Inc. or any of its instructors liable for any injury sustained as a result of participation in SOCROC classes.

Because SOCROC Inc. is located in public facility, I understand that my personal property is my responsibility and agree not to hold SOCROC responsible for lost or stolen property.

**I have read and agree to the above conditions and arrangements.**

**Signature of Parent or Responsible Party** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Return to James Christie's SOCROC**  
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