

## **East Coast Pole Cats**

### **Contract Form**

Phone: 718-444-2604 Fax: 718-209-Love (5683)

#### **Transfer Policy:**

At least two week notice is required in all instances where a transfer of date is requested, but you will forfeit any entitlement to a refund once we have successfully processed your request. Please note that we will only transfer you once under those conditions. Further requests will require a new payment because the former fee is no longer transferable.

#### **Refund Policy:**

Please read our company's terms & conditions carefully prior to booking all parties. We cannot afterwards be held responsible for any errors caused by failure to read or understand them in full. The terms & conditions will differ slightly for each type of event. Please ensure that you have read the relevant section of the terms and conditions: Private Parties: 14 day notice must be given in the event of party cancellations to qualify for a refund. The mandatory \$250.00 deposit is non-refundable.

#### **Age Stipulation:**

Please be advised that the minimum age for all those wishing to take part in our activities is 18, without exception. If within any group bookings there are found to be prospective participants who are under this age, we reserve the right to request their removal from the party.

#### **Alterations:**

Occasionally due to circumstances beyond our control, we must reserve the right to change the start times, dates, or venue locations previously established for your private parties. Wherever we cannot meet your needs, we will, of course, offer a full refund.

#### **Health and Safety:**

All prospective applicants for parties or private lessons are required to fill out a medical Questionnaire and sign a risk disclaimer. Furthermore, you must at all times follow the instructions issued by our teachers, who are trained to be mindful of your health and safety at all times. Any failure to follow instruction will automatically invalidate your insurance in the event of any injury you sustain as a consequence of this failure. Similarly, failure to follow the advice of your own GP will also render your insurance invalid for the purpose of claims.

Contract Cont:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Authorized Person: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT DETAILS: (circle one) Credit Card Cash Check

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

East Coast Pole Cats: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Checks To: 6910 Ave T, Brooklyn N.Y 11234