



Birthday Party Booking Form

Birthday Party Date: _____

Party Type	HAVE A BALL PARTY
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Time <small>(Please circle one)</small>	(Party Room 1)	11:30am - 1:15pm	1:30pm - 3:15pm	3:30pm - 5:15pm
	(Party Room 2)	12:00pm - 1:45pm	2:00pm - 3:45pm	4:00pm - 5:45pm

Child's Name:		Surname:		M <input type="checkbox"/>	F <input type="checkbox"/>
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Parent's First Name:		Surname:		Child's Age: <small>(turning)</small>	
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Attendances <small>(Please circle one)</small>	<small>Attendance numbers are required to be confirmed on the Monday prior to your party, however we require to know the range of attendances for staffing ratios. This range can not be changed</small>			
	<small>Emergency changes to attendances after confirmation, must be communicated to the centre prior to party date</small>			
	10 - 15	16 - 20		

Attendances to be confirmed on the Monday prior.

Address:	
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E-mail: <small>(please write clearly using capitals)</small>	
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Phone Number	(w)	(m)
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So that we can be fully prepared for the party and provide the best possible service, is there anything that we should be aware of? e.g Do any of the children have a disability or medical condition? (Please detail)

	Stadium Sports Games <small>(Tick 2 options for "Have A Ball Party")</small>
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Party Activities <small>(Please tick)</small>	Dodge Ball & Totem Poison Ball <input type="checkbox"/>	Football skills & modified game <input type="checkbox"/>
	Netball skills & modified game <input type="checkbox"/>	Soccer skills & modified game <input type="checkbox"/>
	Basketball skills & modified game <input type="checkbox"/>	Cricket skills & modified game <input type="checkbox"/>

I have read and agree to the Aqualink Box Hill Birthday Party Terms & Conditions.

Sign: _____ Date: _____

Office use only

Birthday Party Cost Summary

Total Party Attendances:	_____ x \$18.50 =	Extras:	
Total Cost Catering :	\$ _____	Total Cost	\$ _____

STAFF MEMBER COMPLETING FORM	DEPOSIT PAID (PLEASE CIRCLE) YES / NO	DATE	DEPOSIT AMOUNT \$ _____	RECIPT NUMBER
STAFF MEMBER COMPLETING FORM	FINAL PAYMENT (PLEASE CIRCLE) YES / NO	DATE	TOTAL AMOUNT \$ _____	RECIPT NUMBER