



Birthday Party Booking Form

Birthday Party Date: _____

Party Type	LIFE OF THE 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
<i>*Monday - Friday timeslots available upon request</i>				

Child's Name:		Surname:		M <input type="checkbox"/>	F <input type="checkbox"/>
Parent's First Name:		Surname:		Child's Age: <small>(turning)</small>	

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: _____

E-mail: _____
(please write clearly using capitals)

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)

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 \$ N/A =	Extras:	
Total Cost Catering :	\$ _____	Total Cost	\$ _____
STAFF MEMBER COMPLETING FORM	PAID IN FULL (PLEASE CIRCLE) YES / NO	DATE	AMOUNT \$ _____
		RECIPT NUMBER	