



Birthday Party Booking Form

Birthday Party Date: _____

Party Type	POOL PARTY		
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Time <small>(Please circle one)</small>	(Party Room 1)	1:30pm - 3:15pm	3:30pm - 5:15pm
	(Party Room 2)	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: (turning)
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Attendances <small>(Please circle one)</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.	
	<i>Emergency changes to attendances after confirmation, must be communicated to the centre prior to party date</i>	
	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) **Are there any children who have a low level swimming ability?**

	Aquatic Attractions (tick two options)
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Party Activities <small>(Please tick)</small>	Splash Pad Free Time (shallow water)	<input type="checkbox"/>
	Tarzan Rope (deep water)	<input type="checkbox"/>
	Dive Boards (deep water)	<input type="checkbox"/>
	Red Dragon Large Inflatable (deep water) <small>Incurrs an additional \$85 usage charge</small>	<input type="checkbox"/>

OR	<input type="checkbox"/>	Shallow Party (shallow water) 30 mins Games & 30 Mins Splash Pad
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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	\$ _____
<small>STAFF MEMBER COMPLETING FORM</small>	DEPOSIT PAID (PLEASE CIRCLE) YES / NO	DATE	DEPOSIT AMOUNT \$ _____ RECIPT NUMBER
<small>STAFF MEMBER COMPLETING FORM</small>	FINAL PAYMENT (PLEASE CIRCLE) YES / NO	DATE	TOTAL AMOUNT \$ _____ RECIPT NUMBER