

BIRTHDAY & POOL PARTY BOOKING FORM

Name of Child:

Parents name/s:

Address:

Phone Number:

Emergency contact name/numbers:

.....

Any known medical conditions for children participating in the birthday party:

.....

.....

.....

Any known allergies for children participating in the birthday party:

.....

.....

.....

How old will the child be turning:

Date of party:

Time of party: 1.30pm – 3.30pm TBC

Number of children attending:

Can all children swim: YES/NO

(any non-swimmers must have an adult with them in the water).

Do any children require floatation devices? YES/NO If Yes, how many?

Amount Due: \$

Deposit Made: \$ (please attach copy receipt)

Date:

Receptionist taking booking:

Please advise Reception of the number of children attending no less than ONE week prior to Birthday Party.