

BirthDay Party @ PCYC

Parent's Name: _____ Contact Number: _____

Child's Name: _____ D.O.B: _____

Address: _____ Email: _____

Date of Party: ____/____/____ Member Number (if known): _____

Time: 9am—11am / 11am—1pm / 1pm—3pm / 10am—12pm / 12pm—2pm / 2pm-4pm

Number of children expected: _____ Age range: _____

Activities:

Binni Creek— Gymnastics / Parkour / Mini Moovers / Other

Young Road— Sports and games / other

Cost: \$300 per 2 hours

Please note: FULL PAYMENT MUST BE PAID THE DAY BEFORE OR ON THE DAY OF THE PARTY

IF CANCELLATION OCCURS WITHIN 7 DAYS OF PARTY NO DEPOSIT WILL BE RETURNED

Please sign to acknowledge: _____

OFFICE USE ONLY

Added to calendar: Booking taken by: _____

Confirmed with parent: Coach: _____

Deposit of \$50 Paid: ____/____/____ Receipt number: _____

Fully paid \$300 Date ____/____/____ Receipt number: _____