

Gymnastics Birthday Party Booking Form

Contact Details				
Parent/guardian name:		Contact phone number:		
Email:				
Booking details				
Date of party booking:				
Party Package (please mark):				
☐ <i>Classic</i> Gymnastics Birthday F	Party (up to 20 children)			
☐ Superhero themed Gymnasti	☐ Superhero themed Gymnastics Party (up to 20 children)			
☐ Frozen Ice Princess themed Gymnastics Party (up to 20 children)				
Taylor Swift themed Gymnas	tics Party (up to 20 children)			
☐ <i>Mermaid</i> themed Gymnastic	Party (up to 20 children)			
☐ The <u>BIG</u> Party (up to 30 child	ren)			
Time of party booking (please circle):	Saturday 4.30pm – 6.30pm			
	Sunday			
	9.30am – 11.30am	12.15pm – 2.15pm	3pm – 5pm	
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Birthday Child's name:		Age (to be turning):	Age range of guests (approx.):	
Details of guests with special needs (if a	oplicable): (ie. hearing/vision	n impaired, motor/learning difficulties and/o	or severe allergies)	
Payment details and confirmation To confirm your booking, this completed	I form must be signed and re	eturned, together with your deposit of \$100) via cash/EFT/credit card.	
Bank Details:				
Acc. Name: Gymnastics Birthday Parties				
BSB: 015 220				
Account Number: 322079268				
Please ensure you include your surname The remaining balance is due on the day		king in the description of payment. or 2 business days prior to the party, via EF	т.	
Hirers Declaration				
Icomply and accept said conditions.	(Hirer) have read & u	understood the attached Terms and Conditi	ons of Hire, Safety Provisions and Fees and Charges and will	
Signature:		Date:		

