

Minimum 10
Maximum 35



BOOKING FORM

Please complete this form and return with your deposit to SCGA to confirm your party booking

CHILD'S NAME: _____ PARENT'S NAME: _____

AGE OF CHILD: _____ DATE OF PARTY: _____ PHONE (H): _____

AGE RANGE OF PARTY: _____ PHONE (M): Mother _____

NUMBER . ATTENDING: _____ : _____ Father: _____

DATE OF BOOKING: _____ EMAIL: _____

PARTY SELECTIONS: (please tick)

| | | |
|-------------------------------------|---|---|
| DAY | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| TIME | <input type="checkbox"/> 12.30pm – 2.30pm <input type="checkbox"/> 3.00 pm – 5.00pm <input type="checkbox"/> 5.30pm – 7.30pm | <input type="checkbox"/> 9.45am – 11.45am <input type="checkbox"/> 3.00 pm – 5.00pm <input type="checkbox"/> 12.30pm – 2.30pm <input type="checkbox"/> 5.30pm – 7.30pm |
| Hot FOOD choose 3 | <input type="checkbox"/> Party Pies | <input type="checkbox"/> Mini Hot Dogs |
| Accompany FOOD choose 3 | <input type="checkbox"/> Fairy Bread | <input type="checkbox"/> Fruit |
| ADULT FOOD | <input type="checkbox"/> Bread rolls fresh fillings \$30 | <input type="checkbox"/> Dip & Nibbles \$20 |
| DRINKS | <input type="checkbox"/> Juice or <input type="checkbox"/> Cordial | <input type="checkbox"/> Water |
| EXTRAS INCLUDED | <input type="checkbox"/> Jumping Castle | <input type="checkbox"/> Special dietary Requirements |
| Special Dietary Requirements | <ul style="list-style-type: none"> • Complementary lolly bags on departure • Complementary invitations | |

Special Note: Photographs and video are not to be used within the confines of the gymnasium with out prior permission. A Staff member will explain to the photographer the best positions and safety requirements prior to entering the gym.

OFFICE USE ONLY (COMMENTS & ACTION REQUIRED)

| | |
|-------------------------------------|-----------------|
| FINAL NUMBERS _____ @ \$25 PER HEAD | \$ _____ |
| ADULT CATERING | \$ _____ |
| COFFEE SHOP | \$ _____ |
| TOTAL COST OF PARTICIPANTS | \$ _____ |
| LESS DEPOSIT | \$ _____ |
| BALANCE OWNING | \$ _____ |

PAYMENT DETAILS:

DEPOSIT \$50.00 REQUIRED AT LEAST 14 DAYS PRIOR TO CONFIRM BOOKING
(non refundable and deducted from final payment on the day)

Please make all cheques payable to:
SCGA PTY LTD

10 % DISCOUNT FOR CLUB MEMBERS

How did you hear about us?

Flyer Advert Yellow Pages Web site Word of Mouth SCGA Gym Member Other _____

Please tick if you do not want to receive our newsletter updates



Our Ref: SCGA - Booking Form Parties 20132 / 1/3/2014

SOUTH COAST GYMNASTICS ACADEMY

Cnr Miller, Tate & Bridge Streets Coniston NSW 2500 PO Box 44 Coniston NSW 2500

P. 4227 5722 F. 42275922 E. admin@scga.com.au W. www.scga.com.au

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