

HAPPY SUN ADVENTURES

BOOKING FORM

1st child's name: _____ Gender: M / F Date of Birth: _____

KINDY GYM Tuesday 18 April 9.30am-11.00am	\$7	
KINDY GYM Friday 21 April 9.30am-11.00am	\$7	
MUSICAL TOTS Thursday 27 April 11.00am-11.45am	\$7	
KINDY GYM Friday 28 April 9.30am-11.00am	\$7	



2nd child's name: _____ Gender: M / F Date of Birth: _____

KINDY GYM Tuesday 18 April 9.30am-11.00am	\$7	
KINDY GYM Friday 21 April 9.30am-11.00am	\$7	
MUSICAL TOTS Thursday 27 April 11.00am-11.45am	\$7	
KINDY GYM Friday 28 April 9.30am-11.00am	\$7	

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ONE FAMILY PER BOOKING FORM PLEASE

For all pre-school activities, a parent or caregiver must stay with child.

Phone : 237-1521 to book

Parent/Caregiver Name: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Address: _____

Suburb: _____ Email: _____

Mobile phone: _____ Home phone: _____

Medical conditions: _____

We understand that by enrolling in the programme we abide by any rules and policies of Recreation Porirua and Porirua City Council.

Signature: _____

(Parent/Caregiver if participant is under 18 years)

Please only fill in these details if you are posting your booking

Please charge my Visa Mastercard

_____	_____	_____	_____	_____	_____
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Cardholder Name

Card number

CSC number [last 3 digits]

Cardholder Signature: _____ Exp. Date: _____

FOR OFFICE USE ONLY

Date: _____ Amount Paid: _____ Staff Initial: _____ Receipt #: _____

Method of payment: Credit Card Eftpos Cash Cheque

Entered into CLASS: Date entered: _____ Conf sent:

