

HAPPY SUN ADVENTURES

BOOKING FORM

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

Groovy Movers Monday 2 October 9.30am-10.30am Age 2-4 years old	\$7	
KINDY GYM Tuesday 3 October 9.30am-11.00am Age 1-4 years old	\$7	
MUSICAL TOTS Thursday 5 October 9.30am-10.30am Age 2-4 years old	\$7	
KINDY GYM Friday 6 October 9.30am-11.00am Age 1-4 years old	\$7	
BABY GYM Wednesday 11 October 9.30am-10.15am Age non walker	\$7	
KINDY GYM Thursday 12 October 9.30am-11.00am Age 1-4 years old	\$7	



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

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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

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:

