

3 Mainstreet Place P.O.Box 10298 Te Rapa Hamilton 3241 Ph (07) 849 4546

office@hamcitygymsports.co.nz www.hamcitygymsports.co.nz

Birthday Party Confirmation

Date Booked (Sundays Only):	Time (10am or 1pm):
Birthday Child Name:	Age:
No. Guests:	Average Age of Guests:
Theme:	Notes:
Parent Names:	
Contact No's:	
Email Address:	
Terms and Conditions	
 Deposit: A deposit of \$50 must be paid to confirm your booking. The deposit is non-refundable if the party is cancelled. 	
Payment: Confirmed number of guests and final balance must be paid before the party date.	
 Brochure: The attached Birthday Party brochure has been read prior to the party date, and by signing this confirmation agrees to abide by the terms and conditions in the brochure. 	
I agree and acknowledge that I have read and understood the above terms and conditions.	
Signature:	<u></u>
Date:	
Office u	se only
Confirmed number of guests:	
	Date Paid
Total amount \$ Coach:	Date Paid
Support Coach:	
Required if 11+ children are present	
Notes:	