**INTAKE** **FORM (Please fill out one form for each booking)**

|  |  |
| --- | --- |
| **Parent(s)/Guardian(s) Name:** | Insert text |
| **Mobile:** | Insert text |
| **Address:** | Insert text |
| **Child’s Name:** | Insert text |
| **Age Child is Turning:** | Insert text |
| **Number of People Attending:**NOTE: $22 per child.Minimum amount of $220 / 10 kids | **Parents:** Enter No. | **Children:** Enter No.(Max. 20ppl) | **Total:** Enter No. |
| **Booking Date:** | Select a date | **Time:** | Select a time |
| **Special Requirments:** (access,allergies,special needs)  | Example: access, allergies, special needs |
| **Birthday Party Program**Programs run for approimately 2 hours. | **Select Your Chose of Program (tick a box):****ACTIVITY ONE *(Select 1 only)***Boomerang Painting  [ ]  Rock Painting [ ]   **ACTIVITY TWO *(Select 2 only)***Dreaming Story and Games [ ]  Boomerang Throwing [ ]  Scavenger Hunt [ ]  Pin the tail on the Kangaroo  [ ]  Cultural Talk & Tools and Weapons [ ]   |
| **EXTRAS** | **Select Your Choice of Extras (tick box):**Cadburry Fredo Ice Cream Birthday Cake **$16** [ ]  *Note: candles included* |
| **COMMENTS**  | Insert text |

***Office Use Only***

***Final Number of Participants: \_\_\_\_\_\_\_\_\_\_ Client Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***INVOICE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ INVOICE DATE: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_***