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**Birthday Party booking form**

**www.capitalgymsports.org.nz**

Please complete this form and send it to us with the deposit payment.

* Post the form to: Capital Gymsports, PO Box 7555, Newtown, or
* Bring the form to the gym and put in the payment box, or
* Email the form to: [**office@capitalgymsports.org.nz**](mailto:office@capitalgymsports.org.nz)

Payment of the deposit is required to confirm your booking.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s name** | |  | | |
| **Age** | |  | | |
| **Parent’s name** | |  | | |
| **Phone number** | |  | | |
| **Party date** | |  | | |
| **Start time**  Circle the party time you require | | 11.15 - 1.15pm 1.30 - 3.30pm 3.45 - 5.45pm | | |
| **Number of children attending**  An indication is fine provided you confirm numbers a week before the party | |  | | |
| **Deposit and date of payment**  $80 or $110 | |  | | |
| **Payment method for deposit**  Cash, eftpos, cheque or internet | |  | | |
| In submitting this form, I agree to the following:   * I must pay the deposit within 3 days to confirm my booking. My deposit is non-refundable (unless my requested timeslot is not available) * The week before the party I will confirm the number of children attending and pay the balance * If I cancel this party booking 1 week or more before the party date I will receive a 50% refund, if less than 1 week before the party date I will receive no refund. | | | | |
| **Signature** |  | | **Date** |  |

For internet banking, our bank account is: **03 0525 0197045 00.**

Put your child’s name in the reference field and “Party” in the particulars field.