

# Australian Academy of Gymnastics Birthday Party Booking Form



## Booking Details:

Day: **Saturday** Booking Date: \_\_\_ / \_\_\_ / \_\_\_ Time: **3:30-5:30pm** (circle)

Day: **Sunday** Booking Date: \_\_\_ / \_\_\_ / \_\_\_ Time: **10:30-12:30pm** or **1:30-3:30pm** (circle)

## Family Details:

Birthday Girl/Boy Surname: \_\_\_\_\_ Birthday Girl/Boy First Name: \_\_\_\_\_ M / F

Address: \_\_\_\_\_ Pcde: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

Number of Birthday Party Guests Attending/Participating? \_\_\_\_\_ Age Turning: \_\_\_\_\_

Parent Full Name (1): \_\_\_\_\_ Parent Full Name (2): \_\_\_\_\_

Mobile (1): \_\_\_\_\_ Mobile (2): \_\_\_\_\_

E-mail (1) \_\_\_\_\_ Email (2): \_\_\_\_\_

*\* All information provided on this form for AAG booking purposes remains confidential and will not be disclosed to or used for any other purposes.*

## Birthday Party Notes / Specifications:

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**Health Details:** Does your child or any other guest participants have any injuries, illnesses, medical or health conditions we should know?

If yes, please provide detail:

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## How Did You Find Out About Us? Please Tick / Specify

- Local Paper Advertising     Newspaper Article     School Mail-out     Other; please specify; \_\_\_\_\_
- Letterbox Drop     Internet / Website     Friend    \_\_\_\_\_

## Australian Academy of Gymnastics

Address: 1 Knox Street, Belmore, NSW 2192

Phone: **02 9759 2017**

E-mail: **admin@aagymnastics.net.au**

Website: **www.aagymnastics.net.au**



## Terms and Conditions of Booking:

- Birthday parties are **2 hours in duration**.
- **Minimum age** for participants is **5 years**.
- **Maximum age** for participants is **12 years**.
- Minimum number of participants is 12.
- Maximum number of participants is 30.
- Bookings above maximum must be discussed with the Centre prior to booking being confirmed.
- No additional participants can join on the day of the party. Customers are required to assemble in the Gymnastics foyer area prior to the commencement of the party and exit the venue no later than 10 minutes after the conclusion of the party.
- Party/booking organisers may arrive 15mins early for Birthday Party set up in foyer, putting up decorations etc.
- The cost is **\$25 per participant**.
- Minimum party cost is \$300.
- A gymnastics birthday party must be **booked with a minimum of 14 days' notice** by completing fully the AAG Birthday Party Booking Form (both sides of this sheet) and payment of the deposit to secure the booking.
- Non-refundable deposit of \$100.00 must be made at the time of booking.
- Final confirmation of numbers must be provided via email by close of business 7 days prior to the booking date. Final payment will be taken between 9am and 12midday on the Friday directly prior to the party.
- If the payment does not successfully process, the booking and deposit will be forfeited. No refund will be given for no-shows.
- Non-refundable deposit of \$100.00 must be made at the time of booking.
- I understand that AAG birthday party **cancellations will incur a \$150 penalty fee**, if we have been notified of a cancellation at late notice (cancelled within 7 days prior to the booked date for the party).
- Party organiser/host must remain at AAG until all children/guests have been picked up from the venue.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signed (member or parent / guardian over 18)*                      *Parent /Guardian's Full Name*                      *Date*

## Disclaimer / Permission to Participate:

- I hereby agree to myself / my child and our guests participating in AAG activities and will not hold the AAG, its staff or volunteers responsible for any loss of property and / or accident.
- I also give permission for medical / ambulance assistance in case of emergency and agree to pay such costs incurred.
- I understand that the AAG Birthday Party fees are non-refundable and that a \$100 deposit is required to secure the booking.
- I understand that party booking deferrals will only be considered on a case-by-case basis with an accompanying doctor's certificate.
- I give permission for myself / my child to be photographed / videoed while participating in AAG activities.
- I consent to these photos / videos being used for publicity purposes, within or outside of the building, for print advertising, multimedia and website purposes.
- I understand that by signing this form, I have agreed to abide by the terms and conditions, and policies and understand the reasons for the practices carried out by the club, coaches and staff in general that are outlined in the 'Club Handbook'. These handbooks can be found on the website; [www.aagymnastics.net.au](http://www.aagymnastics.net.au).

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signed (member or parent / guardian over 18)*                      *Parent /Guardian's Full Name*                      *Date*

