

Booking Sheet

Please tick the days that you require them to attend the holiday program. If you require more than one child attend on that day write x2 etc.

Note: Before and After Care costs are additional.

Week 1 2011

Date	Activity	9am-3p	8-9am	3-4pm	3-5pm	3-6pm
18-Apr	Jungle World Golf	\$35				
19-Apr	Auckland Zoo	\$40				
20-Apr	Splash Out Pools	\$27				
21-Apr	Movies	\$35				
22-Apr	NO PROGRAM					
<i>Totals</i>						
<i>Weekly Total</i>						

Week 2 2011

Date	Activity	9am-3p	8-9am	3-4pm	3-5pm	3-6pm
25-Apr	NO PROGRAM					
26-Apr	Musical Theatre	\$35				
27-Apr	Ten Pin Bowling	\$35				
28-Apr	Miranda Hot Pools	\$40				
29-Apr	Treasure Hunt	\$27				
<i>Totals</i>						
<i>Weekly Total</i>						

Permission Slip

Please note all persons (including you) who have permission to collect your child.

Name	Phone

I give permission for my child (named over) to participate in the Holiday Program at Papakura Recreation and Fitness.

I give permission for my child to be taken to and from the Centre, in order to take part in activities organised by the staff of the Centre.

Should emergency care be needed for my child I give permission for the supervisor to seek medical treatment at my cost.

While all care is taken by the Staff and Management, I acknowledge, in signing this form, that neither staff nor management of the program will be liable for any loss or damage arising out of attendance at the program.

A copy of our Terms & Conditions is available on request.

Please note: Refunds will not be given for any program.

Name

Signed

Date