

# Birthday Attendance Form



PARENT NAME:	BIRTHDAY PERSONS NAME:
ADDRESS:	SUBURB: PCODE:
TELEPHONE:	MOBILE NUMBER:
BOOKING DATE:	BOOKING TIME:

	Participant Name	Date of Birth
1		
2		
3		
4		
5		
6		
7		
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10		
11		
12		
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**AGREEMENT**

I acknowledge that 1 supervising Adult must remain with the group for the duration of the activity and that adults are NOT permitted to climb. I acknowledge that is the responsibility of the supervising Adult, to have gained the permission of parents of the participants to participate in this activity. I understand that any Hire equipment not returned at the end of the session will be charged to myself at current replacement costs. I understand that no responsibility will be taken by Hardrock for lost or stolen property. I understand that it is the supervising Adult's duty to inform Hardrock staff of any disabilities or special requirements of the children attending. I also understand that the participant's behavior is the responsibility of the supervising Adult.

Parent Name: \_\_\_\_\_

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT DETAILS**  
(Administration)

Location:	<input type="checkbox"/> Nunawading	Total Number of Participants:	<input type="text"/>
	<input type="checkbox"/> CBD	Cost (pp/group rate):	<input type="text"/>
		Party Room Charge:	<input type="text"/>
		LESS DEPOSIT PAID:	<input type="text"/>
		TOTAL CHARGE:	<input type="text"/>

Tick when  PAID -  CASH  EFT  CHQ Receipt # \_\_\_\_\_

Processing Instructors Name
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