SCHOOL HOLIDAY BOOKING APPLICATION

Payment Details are required upon RETURN OF THIS booking application.

Please Scan and Email to swangymnastics@bigpond.com. Or to the gymnastics venue Swan Gymnastics 22 Elgee Road Bellevue
Booking must be received no later than 5pm the day prior to booking / or 5pm Saturday for a Monday booking.

Cancellation Policy:

Cancellation of all bookings must be made to Administration 7 days prior to the Program Commencement for full refund minus $15 for administration costs. In case of illness or injury where a doctors certificate can be provided, Full refund will be given.

Program January 2019

Participant's Details

Surname					
First Names					
Address					
Suburb				**Postcode**	
Date of Birth	/ /	**Age**(must be minimum of 4 years old)		**Contact Phone**	
Email Address					
Has your child attended any of the Holiday Programs or is a current member of a Term Program. If not, please complete the Gymnastics Enrolment Form also.				**Yes**	**No**

Program Booking Request

What to Bring	**All Programs:** children need to come dressed in sports wear, clothing that is not restrictive. **Full Day Program:** Children will need to bring Towel, water and Lunch items only. All Programs provide Morning Tea and Afternoon Tea and Refreshments B/C – Before Care , AM- AM Session , FD – Full day PM – PM session A/C – After Care				
	Mon	Tues	Wed	Thur	Fri
Week 1 14th -18th Jan	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C
Week 2 21st-25th Jan	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C
Week 3 29thJan-1st Feb	Public Holiday	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C	☐☐☐☐☐ B/C AM FD PM A/C
Time	Full Week Discount Week 1 and 2 $280 [ ] 9am-4pm only Full Week discount Week 3 $220 [ ] 9am-4pm Only Gymnastics Half Day Programs **9 to 12:00pm or 1pm to 4pm$35**		Full Day Programs **9am to 4pm $65.00/day**		Extended care 8.30-9.00 or 4.00-4.30 **(Extra $5.00 per half hour extended care)**

Payment Section: If you require a receipt for payments, please contact the office

Payment Details

Card Holder's Name		**CardType**	
Credit Card No:	. . .	**Expiry Date**	/
Child's Name		$	CCV Security Number
Signed (Parent /Guardian)		**Dated**	/ /