

*Booking Request Form*

This is a booking request only - we will be in contact with you within 3 working days to confirm your booking arrangements.

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| ***Childs Name*** |  | |
| ***Age*** |  | |
| ***Parent/Guardians Name*** |  | |
| ***Contact Number and Email address*** |  | |
| ***Booking Date Request-*** |  | |
| ***Booking Time Request***  ***Please Circle*** | *Saturday 1.30pm-3.30pm*  *Sunday 10am-12pm 12:30pm-2: 30pm 3pm-5pm* | |
| ***Approx. # of Children*** |  | |
| ***Payment Option*** | *Internet Banking Cash Cheque* | |
| ***Special Request*** |  |

**W |** www.gymnasticswaitara.co.nz **T |** (06) 754 8292 **M |** 027 368 5684

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