

PARTY BOOKING FORM

In order to book a party, please complete the following details:

Fun Abounds Registration Number (if registered) _____

Name:	Address:
Email:	Post Code:

D.O.B:	Age:	Home Tel:	Emergency Tel:
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Party required:	Date & Time:
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Details of Birthday Child:

Name _____ M/F ___ D.O.B. _____ Age ____

VIGOROUS ACTIVITY Due to the nature of the sport of trampoline gymnastics, we wish to inform you that the possibility of injury does exist. In particular, the sport involves repetitive contact with the trampoline bed whilst performing skills, and also in a variety of landing positions. In an effort to ensure safe practice, it is vital that the participant follows the Coach's instructions at all times and follow the code of practice, in order to decrease the possibility of injury.

PARENT/CARER/GUARDIAN CONSENT I authorise the staff at Fun Abounds to seek treatment for any injury incurred by my child whilst trampolining. In the event I cannot be reached, I hereby authorise the doctor and/or hospital staff to perform any necessary emergency treatment to the injury. If you do not want to give permission, or authorisation for consent to medical treatment please advise staff what procedure should be followed.

Signed by Parent/Carer/Guardian:	Print Name:
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PAYMENT can be made by cash or cheque only. If you wish to pay by cash please send by registered post. Please make cheques payable to FUN ABOUNDS LIMITED.

Please return this form with non-refundable Birthday Party booking fee of £50 to:

**Fun Abounds Limited, 21 Bell Lane, Uckfield, East Sussex,
TN22 1QL**
Tel: 01825 768479
Email: info@funabounds.co.uk

Balance of payment will be required one week in advance of the party date

The information supplied will be used for Fun Abounds only and will not be distributed to any outside body.

<u>OFFICIAL USE ONLY</u>		
Date received:	Amount received:	Cash/Cheque
Party Date confirmed:	Date:	