

SCHOOL HOLIDAY BOOKING FORM

19 APRIL TO
29 APRIL



41 Sir Tim Wallis Drive, Three Parks
T 03 443 9334 | E wrc@qldc.govt.nz

 qldc.govt.nz/recreation

CHILD'S DETAILS

Child's name:				
Age:	DOB:	Sex:	M	F
Address:				
			Postcode:	
Any medical conditions, allergies or behavioural difficulties?				

PARENT/CAREGIVER'S DETAILS

Parent/caregiver's name:	
Mobile:	Secondary phone:
Email:	

ALTERNATIVE EMERGENCY DETAILS – CONTACT 1

Name:	
Relationship to child:	
Mobile:	Secondary phone:

ALTERNATIVE EMERGENCY DETAILS – CONTACT 2

Name:	
Relationship to child:	
Mobile:	Secondary phone:

• I hereby acknowledge the terms and conditions at qldc.govt.nz/recreation. I will supply my child with lunch, drinks, a hat and warm clothes every day they attend the Holiday Programme • My child will always be signed into and out of the Holiday Programme • I understand that my child may be photographed for QLDC marketing purposes • I understand that there are risks associated with my children attending the Holiday Programme. To help minimise these risks, the Holiday Programme has safety procedures, as well as rules and boundaries for all children that must be complied with • QLDC is not responsible for loss or damage to children's possessions • Please note that we require minimum numbers (booked in advance) to run the programme on each day. Parents/caregivers will be notified at the earliest possible opportunity if we have to cancel a particular day's programme due to low numbers or unforeseen circumstances (e.g. bad weather). If you have already made a booking for that day we will provide either a family credit, day exchange or a full refund.

SIGNATURE

Parent/caregiver:	Date: /
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SCHEDULE

	Daily Cost
Tuesday 19 April	\$50 <input type="checkbox"/>
Wednesday 20 April	\$50 <input type="checkbox"/>
Thursday 21 April	\$60 <input type="checkbox"/>
Friday 22 April	\$50 <input type="checkbox"/>
Tuesday 26 April	\$60 <input type="checkbox"/>
Wednesday 27 April	\$50 <input type="checkbox"/>
Thursday 28 April	\$60 <input type="checkbox"/>
Friday 29 April	\$60 <input type="checkbox"/>

Total:	\$
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PAYMENT/CREDIT CARD DETAILS

Type of card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Expiry Date: /																		
Name of card holder:																			
Credit card number:																			
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Signed:	Date: /																		

Please return this booking form in person to Customer Services at Wānaka Recreation Centre, or scan this booking form and email to wrc@qldc.govt.nz