

12 JULY TO

23 JULY

SCHOOL HOLIDAY BOOKING FORM

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

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:

Daily Cost

Monday 12 July	\$45 <input type="checkbox"/>
Tuesday 13 July	\$45 <input type="checkbox"/>
Wednesday 14 July	\$45 <input type="checkbox"/>
Thursday 15 July	\$45 <input type="checkbox"/>
Friday 16 July	\$55 <input type="checkbox"/>
Monday 19 July	\$45 <input type="checkbox"/>
Tuesday 20 July	\$45 <input type="checkbox"/>
Wednesday 21 July	\$45 <input type="checkbox"/>
Thursday 22 July	\$55 <input type="checkbox"/>
Friday 23 July	\$55 <input type="checkbox"/>

Total:

\$

PAYMENT/CREDIT CARD DETAILS

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