

# Party Application

# Party Options

PSC Family No \_\_\_\_\_

- Party type (Please Circle)  
 Sandbucket Party    Gymnastics Party    Kayak Party  
 Combination Party    Extreme Party    Mid-Week Madness Party

Party Date: \_\_\_\_\_ Preferred Time: \_\_\_\_\_

Approx number of guests: \_\_\_\_\_ @ \$ \_\_\_\_\_ Each

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Total Party Cost: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

## Menu Options

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Cost \$ 10 pp    X \_\_\_\_\_ guests    =    cost: \$ \_\_\_\_\_

Delicious Hot chips **PLUS** a choice of **2 savoury** and **2 sweet** party foods.

Please tick the boxes below to indicate your choices

Email: \_\_\_\_\_

- |                |                          |                       |                          |                    |
|----------------|--------------------------|-----------------------|--------------------------|--------------------|
| <b>SAVOURY</b> | <input type="checkbox"/> | • PARTY PIES          | <input type="checkbox"/> | • FUNKY JELLY CUPS |
|                | <input type="checkbox"/> | • SAUSAGE ROLLS       | <input type="checkbox"/> | • FAIRY BREAD      |
|                | <input type="checkbox"/> | • MINI HAWAIIAN PIZZA | <input type="checkbox"/> | • FRUIT KEBABS     |
|                | <input type="checkbox"/> | • CHICKEN NUGGETS     | <input type="checkbox"/> | • BUTTERFLY CAKES  |
|                | <input type="checkbox"/> | • MINI HOT DOGS       |                          |                    |

### Payment Details:

- PSC require the exact number of party guests as well as full payment ten days prior to the day of your party.
- Payment is non-refundable once the payment has been processed.
- For any additional party guests (including siblings) that attend your credit card will be debited for the appropriate amount.

I authorize for my credit card to be debited for additional children or siblings that attend the party.

- Optional extras:**
- |                  |          |                |
|------------------|----------|----------------|
| ICE CREAM CAKE   | \$25     | cost: \$ _____ |
| HELLIUM BALLOONS | \$ 2pp   | cost: \$ _____ |
| LOLLY BAGS       | \$2.75pp | cost: \$ _____ |

I, \_\_\_\_\_ (Parent/Guardian) have read and accept the above PSC birthday party terms and conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card:  MasterCard  Visa

Card No: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_

**CAKE ONLY PARTY**    \$45 SURCHARGE cost: \$ \_\_\_\_\_  
 Hire of bbq area (kayak parties) \$100    cost: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Special Requests: \_\_\_\_\_

### NBG office use only:

Total amount payable: \$ \_\_\_\_\_ for \_\_\_\_\_ guests (amount non refundable)

Deposit Paid: \$ \_\_\_\_\_ Deposit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Balance owing: \$ \_\_\_\_\_

Final Balance Paid: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

NBG Party Coordinator: \_\_\_\_\_

Total Party food cost: \$ \_\_\_\_\_

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