



## Birthday Party Booking Form

### Contact Details

Party Booking For: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Please Note: Receipt of this form DOES NOT imply confirmation of the booking. The booking will be confirmed by correspondence with an appropriate Aquamoves staff member.**

### Birthday Part Details

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time of Party : \_\_\_\_\_

Name of Birthday Child: \_\_\_\_\_ Age Turning: \_\_\_\_\_

Number of Guests: \_\_\_\_\_

Average Age of Guests: \_\_\_\_\_

### Catering Option

Package 1: "Nibble n Dip" Cost \$8.10 per person

Package 2: "Bite Sized Fun" Cost \$9.70 per person

Package 3: "The Banquet" Cost \$12.00 per person

***If there are any special dietary requirements, please inform the Café so alternative arrangements can be made.***

\_\_\_\_\_  
Signature of Person Making Booking

\_\_\_\_\_  
Date

### Privacy Statement

The personal information contained in this document is collected to provide contact information for individuals, wishing to book an Aquamoves Birthday Party. This information may be disclosed to other areas of Aquamoves/Council or other third parties should contact be necessary regarding an issue with the booking or use of the facility and in accordance of the Information Privacy Act.

## Guest List

1 _____	11 _____
2 _____	12 _____
3 _____	13 _____
4 _____	14 _____
5 _____	15 _____
6 _____	16 _____
7 _____	17 _____
8 _____	18 _____
9 _____	19 _____
10 _____	20 _____

Please note: Normal entry fees apply to all guests who have not been catered for in the mentioned packages, this includes spectators.

## Booking Check List

(The following needs to be completed by the staff member taking the booking)

### Information for Parent/Person making booking.

Are there any guests who have special dietary requirements? Yes  No

Has the person making the booking been advised of:

- Centre operating hours. Yes  No
- Swim lesson times that may affect the booking. Yes  No
- Water feature times. Yes  No
- Adult supervision requirements as per Lifesaving Victoria. Yes  No

Have you advised them to bring their own birthday cake? Yes  No

Has the person been called to inform them that the booking has been Confirmed by café staff? Yes  No

### Information for other staff.

Has the booking been given to the café staff for confirmation and to be signed off on? Yes  No

Have the details of the booking been emailed to wet area staff? Yes  No

### Office Use Only:

Confirmation:

Phone/Fax/Letter

Date:

By Whom:

Customer Id:

AQUAMOVES  
Aquatics Department

Address: Locked Bag 1000, Shepparton, Australia 3632

Ph: (03) 5832 9400. Fax: (03) 5831 8189. Email: [customerservice@aquamoves.com.au](mailto:customerservice@aquamoves.com.au)