

APEX GYMNASTICS INC. 7/2 Harrison Road, FORRESTFIELD WA 6058 0449 567 180

ABN: 77 523 822 084

## **PARTY BOOKING FORM 2025**

Date of Event					
(Subject to availability)	Saturday	Sun	dav	Sunday	
Time of Party	□ 2:00pm – 4:00pm	☐ 9:30am — 11:30am		☐ 12:30pm – 2:30pm	
Birthday Child/ren (Name & Age)		,			
Contact Name					
Address					
Phone (home or mobile	e)		Work		
Email Address (in capitals please)					
Number of Guests	Children:	Adults:			
Requests/Special Requirements	Eg: Party Games/ Special Needs				
	IMPORTANT	INFORMATION			
Cost of Party \$180.00 (1 guest list (birthday child	hr play) or \$200.00 (1.5hr play) pl			30 children) as per your	
\$100.00 non-refundable	deposit is required at time of boo	oking. Balance c	of party is to be	e paid 3 days prior to the day.	
Minor adjustments to yo	our invoice can be made on the da	y (for extra chil	ldren up to the	limit).	
Party consists of 1-1.5 hi	of fun & games with qualified co	aches, 30 mins	of food & cake	, 15min bump in/out time.	
	l and drink at your event, please e ou may be charged an additional		_		
This is a drug, alcohol, sr	noke and nut free zone.				
Please provide a full gue	st list no later than 3 days prior to	your event.			
What we supply	ualified coaches, trestle tables, chairs, kettle, fridge/freezer & microwave				
What you bring	arty food & drinks, plates, cups, cutlery, table cloths & prizes for party games				

## **OFFICE USE ONLY**

Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_/

OTTICE OSE ONET						
BEFORE THE PARTY		COACHES ON THE DAY				
Form received	/ /	Guest list (guest paid/ on the day)	/			
Confirmation email	/ /	Additional Payments				
Deposit received	/ /	Set up/Bump In				
Guest List	/ /	Pack up/Bump Out				
Invoice generated	/ /	Post Event Report				