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| If you need help lodging your form, contact us | |
| Email | aquatic.centre@northernbeaches.nsw.gov.au |
| Phone | 9451 8000 |
| Warringah Aquatic Centre | Aquatic Drive, Frenchs Forest NSW 2086 |

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|----------------------|---------------------|
| Office use only | |
| Form ID | 4078 |
| TRIM Ref | 2016/244412 |
| Last Updated | November 2019 |
| Business Unit | Recreation Business |

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| Privacy Protection Notice | |
| Purpose of collection: | For Council to provide services to the community |
| Intended recipients: | Northern Beaches Council staff |
| Supply: | If you choose not to supply your personal information, it may result in Council being unable to provide the services you seek |
| Access/Correction: | Please contact Reception on 9451 8000 to access or correct your personal information |

Part 1: Applicant Details

| | | | |
|-------------------|--|------------------|-----------------|
| Title | <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Other: | | |
| First Name | | | |
| Last Name | | | |
| Address | | | Postcode |
| | | | |
| Phone | | Alternate | |
| Mobile | | Fax | |
| Email | | | |

Part 2: Party Details

| | | | |
|-------------------------------------|---------------|---------------|--|
| Child's Name | | | |
| Date of Birth (dd/mm/yyyy) | | Gender | |
| Date of Party | | | |
| Time Required | 1.00 - 3.00pm | 2.15 - 4.15pm | |
| Number of Children Attending | | | |
| Aged From | | To | |

Part 3: Preferred Options

| Options | | |
|--------------------------|-----|----|
| Bringing a birthday cake | Yes | No |
| Bringing your own snacks | Yes | No |

Part 4: Terms & Conditions

| Authorisation by Applicant | | | |
|--|--|------|--|
| <p>Warringah Aquatic Centre endeavours to ensure that your child's 'Make a Splash Pool Party' is a safe, fun and happy occasion for all. In order to make this happen it is necessary that you understand and comply with the following conditions:</p> | | | |
| <ol style="list-style-type: none"> 1. All bookings must be made at least 14 days in advance 2. Parties can only be booked and confirmed on receipt of a completed booking form and deposit equal to the cost of 10 children 3. Parties are for two hours. You and your guests must vacate the party room at the conclusion of your booked time (3.00pm or 4.15pm) 4. The price of the party includes: <ul style="list-style-type: none"> • Party host to meet and greet and supervise your time on the inflatable • Spring board diving time • Party room • Spectator entry for parents of the pool party/birthday boy or girl • Pool entry for guests (Note: This does not include parents wishing to stay) • 'Make a Splash!' invitation cards 5. Minimum age of children participating in the party is six years 6. Additional visitors are welcome and pool/spectator admission fee will apply. However this does not include party activities 7. All children must complete and pass an unaided 15m swim test, NO pass NO swim 8. The party host reserves the right to deny participation in water activities for safety reasons 9. 'Make a Splash!' Pool Parties will be charged at a minimum of 15 children attending 10. The maximum number of children allowed is 20 11. Parties are available at advertised time slots only 12. The Warringah Aquatic Centre Management reserves the right to cancel the party without notice. A full refund of the deposit will be given should this occur 13. Pool rules are to be observed at all times for the safety of all our pool customers 14. A parent must be in attendance at all times while the children are changing 15. Warringah Aquatic Centre requires confirmation of numbers by 2pm the Friday prior to the party date 16. Balance of total cost is payable on arrival before the start of the party 17. Cancellation policy - if more than seven days' notice is given then the deposit will be refunded less a 10% administration fee. If seven days or less notice is given the deposit is forfeited in full | | | |
| I have read and understood the Make a Splash Pool Party Booking terms and conditions and agree to comply fully. | | | |
| Print Name | | | |
| Signature | | Date | |

| Office Use Only | | | |
|-----------------|--|----------------------|--|
| Date Confirmed | | Invitations Provided | |
| Receipt No: | | Deposit Paid | |