Event Registration Form

		Please	complete ALL	areas, writing N/A if no answer applies	
Contact Information:					
O consideration for III No consi				Office house Table	
Organisers Full Name:				Office hours Tel No.	
Address:				Out of office hours Tel No.	
Address:				Mobile No.	
Postcode				Email:	
Please give us the details of the	he designated co	ntact on the day (if	different from	above)	
Organisers Full Name:				Office hours Tel No.	
Address:				Out of office hours Tel No.	
Address:				Mobile No.	
Postcode					
Postcode	:			Email:	
Venue Details:					
Venue Details					
Venue Name:	:			Date Required:	
Venue Name:					
1 0510000	·				
Please tell us a little about yo	ur event				
ricase ten as a nece assur ye	ar evene				
Children's Details:					
Name		Age G	iender M/F	Allergies / Phobias / Medication*	Parent / Guardian Name / Mobile
					·
					· <u> </u>
* Please provide information	for each child	-			
Please provide illiorniation	TOT Each Child				
Where did you hear about Th	HANK EVANS?				
Cancellation fees					
		1			
Notice of cancellation	Refund	I understand thours of childcare		ged are for the hours booked and that the agre	eed hourly rate will be charged for any additional
12 weeks or more	90%		·		
8-12 weeks	70%	I understand within 10 days.	that the full p	ayment must be paid when booking is confirm	ed and any extra hours invoiced for payment
6-8 weeks	50%	within 10 days.			
4-6 weeks	20%	I understand	that where ch	ildcare is provided after 23:00, there is a charg	ge for travel expenses.
4-6 weeks Fewer than 4 weeks	20%	-		ildcare is provided after 23:00, there is a charg on-refundable deposit is payable with this bool	
		-			