PARTY REGISTER

Date of Party : _____Time: _____

Name on Booking: _____

Child's Name	DOB	Medical/Behavioural Problems	Emergency Contact Number	PHOTOS

ADDITIONAL GUESTS

Please only complete this form if you have made prior arrangement for additional guests.

Please note there is a maximum number 24 guests so please add no more than 8 to this sheet.

Child's Name	Age	Medical/Behavioural Problems	Contact Number	PHOTOS ALLOWED