



EVENT BOOKING AND SESSION REGISTRATION FORM

CONTACT NAME(S)					
PHONE				CHILD's NAME	
PHONE				Date of Birth: dd-mmm-yy	
EMAIL				CAREGIVER ATTENDING	
STREET ADDRESS					
CITY, POSTAL CODE				CHILD's NAME	
INVOICE DATE				Date of Birth: dd-mmm-yy	
CODE				CAREGIVER ATTENDING	
SESSION OR EVENT NAME		START DATE		ADDRESS	
START TIME	# of CHILDREN	NOTES	DURATION	COST	TOTAL

PLEASE MAKE CHEQUES PAYABLE TO: CIRCLESING!

SUBTOTAL	
GST	
TOTAL	
DATE PAID	

CHEQUE

CASH

Every effort is made to ensure that you and your children are in a

safe environment and are encouraged to participate in safe activities during CircleSing! sessions.

Children are creative and curious creatures and it is expected that participating caregivers will provide consistent attention to their activities.

As such, we cannot be held responsible for any injury or illness that may occur as a result of attending CircleSing! sessions.

Please let us know if you have any safety concerns directly related to the programming and we will take action immediately.

NAME/SIGNATURE:		DATE:	
Come See What All the Singing! Is About!			