

Holidays Booking Form

Student 1 _____ Age _____

Student 2 _____ Age _____

Student 3 _____ Age _____

Parents name _____ Contact number _____

Address _____

E-mail (required) _____ Emergency contact _____

Does your child have any allergies? _____

School: _____ Year level: _____

Please place an X in the appropriate box

☐ GROUP A: April 14th & 15th 10am-12pm

☐ GROUP B: April 18th & 19th 10am-12pm

☐ GROUP C: April 21st & 22nd 10am-12pm

Payment methods:

Cash OR Direct Deposit

***I enclose \$ _____ CASH**

***DIRECT DEPOSIT to the amount of \$ _____**

Account Name: J Phillips

BSB: 062 124

Acc Number: 1095 5322

Please send screen shot of payments made electronically via email to **alexis@bluebottleart.com.au*

Ref# on payment should state STUDENTS name

Parents Signature _____ Today's Date ____/____/____