



BIRTHDAY PARTY BOOKING FORM

Name of Child:

Date of Birth:

Date of Party:

Venue:

No. of Guests:

What Sport?

Phone No:

Email:

Address:

Medical Details:

Parental
Consent:

Signature:

Date:

Please note that this signature gives consent for all guests to take part in Sportscape/OYM activity and if any of the guests have any health issues they MUST be communicated with Sportscape/OYM prior to the party.



On occasion Sportscape/OYM will take photo's for press releases and promotional material please tick the box if you would prefer that your child's photo was not taken.