



KIDS NIGHT IN

(or Parents night off!)

For children aged 4 - 12 years old.
Current and new members welcome.

Parents, this one's for you! We know how hard it can be to get a night for yourself, so we are here to help. Drop the kids at Eclipse and we will keep them entertained with gymnastics activities and a movie while you have the evening all for you!

UPCOMING DATES AND MOVIES

SATURDAY, MAY 6TH

6 - 9PM

Movie: Penguins of Madagascar

Parent prize: \$50 Gold Class voucher

SATURDAY, JULY 29TH

6 - 9PM

Movie: Finding Dory

Parent prize: \$50 Red Balloon voucher

SATURDAY, SEPT. 16TH

6 - 9PM

Movie: Over the Hedge

Parent prize: \$50 Hunter & Barrel voucher

\$40 for the first child | \$25 per sibling

* Per session

WHAT'S INCLUDED?

- 1.5 hours of gymnastics activities run by qualified coaches
- A 'G' rated movie on the big screen in the gym
- Food pack of a slice of pizza, popcorn and lollipop

(Your own food can be provided if your child doesn't eat pizza. Please provide food that doesn't require heating.)

★ ★ ★ Receive one entry per child booked into the program, to be in the draw for the monthly **PARENT'S PRIZE!** ★ ★ ★

Booking forms available at reception or call
9870 4515 to make a booking over the phone

* Bookings essential *





KIDS NIGHT IN

Please fill in a separate form for each child. Thank you.

Name: _____ Age: _____ School grade: _____

Does your child have any medical or special needs that we need to be aware of? MEDICAL (including allergies): YES / NO
(please provide details on the back of this form) SPECIAL NEEDS: YES / NO

ASTHMA OR ANAPHYLAXIS PLANS MUST BE PROVIDED IF RELEVANT

****Please note:** Photos may be taken throughout the program for use on our noticeboards, website, social media and our promotional TV screen. Please speak to reception if you have any questions or issues regarding photos.

If there are friends coming who you would like to be in a group with, please write their name/s below (if you are bringing a friend, they must have a separate form) _____

I would like to enrol my child for the following 'Kids Night In':

Saturday, May 6th 6 - 9pm

Saturday, July 29th 6 - 9pm

Saturday, Sept. 16th 6 - 9pm

FOOD OPTIONS

My child would like a slice of: (choose one)

Hawaiian pizza Margherita pizza

I will provide own food for my child

My child can have popcorn and a lollipop: YES / NO

Parents name: _____ Emergency contact no.: _____

PARENT CONSENT: I consent to my child participating in gymnastic activities under the supervision of Eclipse Gymnastics coaches. In the event of an accident, I understand that every effort will be made to contact me and I give permission for my child to receive any medical attention deemed necessary, at my expense. I understand that refunds will not be given if I give less than 72 hours notice of my child not attending.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Invoice number:
Payment date:
Cash / chq / DD / EFT
Class roll:



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