




# April School Holiday Program

Eastern Gymnastics Club is running a fun-filled holiday program in April 2024.  
All sessions are taken by our qualified coaches and includes 3 hours of FUN in the gym.

<b>Thursday 4<sup>th</sup> April</b> <b>10.00am-1.00pm</b> <b>Circus</b> 	
<b>Wednesday 10<sup>th</sup> April</b> <b>10.00am-1.00pm</b> <b>Flipping Fun</b> 	<b>Thursday 11<sup>th</sup> April</b> <b>10.00am-1.00pm</b> <b>Ninja Warrior</b> 


## What to bring

Children are to wear comfortable clothing (no crop tops, skirts or denim) and should bring a labelled bottle of water and a snack.

## Cost

\$40 per child

## To Book

Bookings can be made through the Trybooking website <https://www.trybooking.com/CPOKZ> (Scan QR Code here)   
You can also fill out the details on the back of this form and return it with payment to the office at 21 Clarice Road, Box Hill South or email it to [enquiries@easterngymnastics.com.au](mailto:enquiries@easterngymnastics.com.au)



**\*To attend, all children must be of school age in 2024\***

**To secure your spot, bookings can be made through [Trybooking](#) or by sending the completed form and payment to our office before the day of the program.**  
**\*\*Bookings are non-refundable\*\***

 <b>Circus</b> Thursday 4 <sup>th</sup> April 10am-1pm	 <b>Flipping Fun</b> Wednesday 10 <sup>th</sup> April 10am-1pm	 <b>Ninja Warrior</b> Thursday 11 <sup>th</sup> April 10am-1pm
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(Please circle your session of choice)

Gymnasts Name(s):

**Child 1:** Name: \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Allergies/Heath/Dietary Info: \_\_\_\_\_

**Child 2:** Name: \_\_\_\_\_ D.O.B \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Allergies/Heath/Dietary Info: \_\_\_\_\_

**Total Cost \$** \_\_\_\_\_ **Please circle the session(s) above, your child/ren will be attending**

*(Please note: Any medication should be brought to the Club and given to the coaches. Please ensure any medications are clearly labelled. For anaphylaxis, please bring your action plan, including a photo, and epipen with you.)*

**Payment Methods:** Cash / Cheque / Credit Card / Internet Transfer (please circle)

**Credit Card Payments:**

Amount \$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Check Value (3 digits on back): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Internet banking details:

BSB: 633-000	Account: 128 013 109	Name: Eastern Gymnastics Club	Bank: Bendigo
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*(Please use "SHP surname" as a reference to allow us to match your payment to your account)*

I, the undersigned, consent to the child/children named above attending the Holiday Program and in doing so, agree that Eastern Gymnastics Club Incorporated and/or its representatives (the Club) be free and clear of any responsibility for any accident or illness during the applicant's participation in any activity concerned with this program to the extent permitted by law. I further authorise the Club to obtain any medical assistance as is required and agree to meet any expense attached thereto. I further consent to the use of photographs and/or video footage of the child/children named above taken by Eastern Gymnastics Club Inc. to publicise or display the Club or gymnasts' achievements or activities. If images are to be used we will avoid, wherever possible, naming or identifying the child.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contact number: \_\_\_\_\_

Please provide us with an email address to enable us to update you with any changes to the program and provide you with advanced notice of the next School Holiday Program.

Email: \_\_\_\_\_