

**IMPORTANT INFORMATION FOR PARENTS/GUARDIANS**

Wednesday 8 July 2009 | Senior Morning (ages 10-14) | Junior Afternoon (ages 7-9)

- Children must meet the age requirements (of the sessions provided) for their safety and enjoyment. The RSPCA reserves the right to refuse admission to underage children.

10 to 14 yrs - children must be aged 10 as at 1/1/2009

7 to 9 yrs - children must be aged 7 as at 1/1/2009

- For safety reasons children **MUST** wear appropriate clothing—closed-in shoes (no thongs or sandals), sunscreen, wide-brimmed or legionnaires hat, waterproof or warm weather clothing as needed.
- Cost is \$15. Payment is required in advance via cash, credit card or cheque (payable to the RSPCA). **BOOKINGS WILL NOT BE CONFIRMED WITHOUT PAYMENT**
- Holiday program activities are conducted by RSPCA Education Officers and staff. The RSPCA reserves the right to remove any child from a program, contact parents where deemed necessary, ask for identification when picking up a child from a session and cancel an activity when unavoidable.

Please complete the following, tear off the bottom section and return (with payment) to:

**Booking Officer - RSPCA Education Centre 3 Burwood Highway, Burwood East Vic 3151**

or credit card payments can be faxed to 9889 8912.



For safety reasons children **MUST** wear appropriate clothing & closed-in shoes (no thongs or sandals). Children **WITHOUT** appropriate shoes and clothing **WILL NOT** be admitted.

TEAR OFF AND RETURN ▼

Child's full name: \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_\_ Paw Prints Member: Yes / No Membership No: \_\_\_\_\_

Address: \_\_\_\_\_ P/code: \_\_\_\_\_

Call 03 9224 2286 to book your preferred program(s). Please write booked date(s) here: \_\_\_\_\_

Email address for booking confirmation: \_\_\_\_\_

Emergency contact on day. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

Are there any allergies or medical conditions we should be aware of? Yes / No:

If yes, please provide details:

Children will be involved in hands-on animal care activities. I understand while the RSPCA takes all reasonable precautions to ensure the safety of the participants, all participants enter at own risk. I consent to the abovementioned child taking part in the activity session.

Name: *(print)* \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I give permission for you to take my child's photograph *(may be used in RSPCA publications)*. Yes / NoName: *(print)* \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Payment by: Cheque:  Cash:  Credit Card:  (Visa:  MasterCard:  Amex:  Diners: 

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

Signature: \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

Amount: \$15 per child Total: \$

How did you hear about the program? Newspaper article  Website  Word of Mouth  Previous Visit