



## October 2019 School Holiday Workshop

333 Old South Head Road, North Bondi  
For Bookings and enquires phone: (02) 9130 4855 or  
Email: [info@plastermasterfun.com.au](mailto:info@plastermasterfun.com.au)

### Booking Form

Child 1: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

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| Mon                                  | Tue                                  | Wed                                  | Thu                                  | Fri                                  |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <b>30-Sept</b>                       | <b>01-Oct</b>                        | <b>02-Oct</b>                        | <b>03-Oct</b>                        | <b>04-Oct</b>                        |
| 9am-11:30am <input type="checkbox"/> | 9am-11:30am <input type="checkbox"/> | 9am-11:30am <input type="checkbox"/> | 9am-11:30am <input type="checkbox"/> | 9am-11:30am <input type="checkbox"/> |
| 12:30pm-3pm <input type="checkbox"/> | 12:30pm-3pm <input type="checkbox"/> | 12:30pm-3pm <input type="checkbox"/> | 12:30pm-3pm <input type="checkbox"/> | 12:30pm-3pm <input type="checkbox"/> |
| <b>07-Oct</b>                        | <b>08-Oct</b>                        | <b>09-Oct</b>                        | <b>10-Oct</b>                        | <b>11-Oct</b>                        |
| Public                               | 9am-11:30am <input type="checkbox"/> | No Class                             | 9am-11:30am <input type="checkbox"/> | Full                                 |
| Holiday                              | 12:30pm-3pm <input type="checkbox"/> |                                      | 12:30pm-3pm <input type="checkbox"/> |                                      |

Name of Parent/Guardian: \_\_\_\_\_ Mob: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_ Mob: \_\_\_\_\_

Authorized Pickup: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please answer following –

1. Any Allergies or Medical conditions? \_\_\_\_\_

2. YES / NO - I give permission for my child/ren to be photographed while participating in the camp.  
(Pictures may be posted on social media)

Sign (Parent/Guardian): \_\_\_\_\_

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