



# Summer Pass Form

Child's Name		Date of Birth	
Pass Number		Expiry Date	End of Summer Hols

Parents/Guardian(s)	
Address	
Contact Number	
Email Address	
Signed	

Would you like to receive our Email Newsletter?  Yes /  No or further information about:  
 Parties  Yes /  No Events & Activities  Yes /  No Marketing Opportunities  
 Yes /  No

## OFFICE USE ONLY:

Date Received	<input type="text"/>	List updated by	<input type="text"/>	Card issued	<input type="text"/>
Newsletter	<input type="text"/>	MailChimp updated by	<input type="text"/>	Date	<input type="text"/>

