



Booking Amendment/ Cancellation Form

Child name	
DOB	
Reason	Holiday / Sickness / Bereavement / Other (please list)

CANCEL ALL BOOKINGS

Date commencing...../...../.....

**Make permanent changes to my booking.
I would now like to attend the following days
Date commencing/...../.....**

	MON	TUES	WED	THURS	FRI
BSC	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
ASC	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO

Booking cancellation form must be completed a minimum of 2 weeks in advance of the first date of nonattendance.

Please indicate the dates that you wish to cancel your bookings below.

Dates indicated should be inclusive (first date you will not be attending and last date not attending)

Cancel all my bookings between/...../..... And/...../.....

NAME:

SIGNED:

Date:

PLEASE COMPLETE AND RETURN BOOKING CANCELLATION FORM NO LATER THAN 2 WEEKS FROM THE FIRST DATE OF NONATTENDANCE. A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD NOT ATTENDING OUR PROGRAM.

BOND REFUND DETAILS

Account name:
BSB:
ACCOUNT No:
Bank: