

Name Of Party Child



Age

### Party Attendance sheet

Time of Party		Room Booked	
NO	Name of Child - First name	Age	Allergens Please Identify
1			
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Please send to [peak.adventure@icloud.com](mailto:peak.adventure@icloud.com) 1 week before your party.

- T&Cs Please confirm Children's First Name – Age – Any Allergens
- Once you have confirmed numbers, this will be the amount charged per head, minus your deposit paid. We do not accept responsibility for any non-attenders we would advise you to inform your guests their place is paid once confirmed
- If you bring your own cake we kindly ask you to cut and wrap and supply your own napkins