Party Format

Date:		
Time:	From	То
Venue Address:		
Name o	f Guest:	
Contact Details of Next of kin of Guest (inc telephone number):		
Alternat	ive contact number:	
How is g	guest arriving and how	are they getting home:
Do they have any allergies:		
Parenta	I/Guardian verbal appr	oval to consume Alcohol:
Will foo	d be served:	
On no account are any soft drinks, smoking products, alcohol or drugs allowed to be brought to the Party. There will be controlled amounts of Alcohol at the Party provided by the hosts.		