

Leighton Park Enterprises Ltd

Party Information Sheet

Name of Parent(s) in charge of Party: \_\_\_\_\_

Contact number of party parent: \_\_\_\_\_

(Mobile)

Date of Party : \_\_\_\_\_

Name of Children	Medical Conditions/ Medication Details (where applicable)	Party photos may be taken for Leighton Park publicity purposes. Please ask each child's parents to sign if they consent to photos being taken.	Parent's Contact Number
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			
15)			
16)			
17)			
18)			

Name of Children	Medical Conditions / Medication Details (where applicable)	Party photos may be taken for Leighton Park publicity purposes. Please ask each child's parents to sign if they consent to photos being taken.	Parent's Contact Number
19)			
20)			
21)			
22)			
23)			
24)			
25)			
26)			
27)			
28)			
29)			
30)			