**PARTY REGISTER**

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| --- | --- |
| Party Date (please complete): | Date……../………../……… Time………….. |
| Name of Party Parents/Hosts |  |

Please list the names/ages of all child guests and list any relevant medical conditions or dietary requirements. Continue on the extra pages if necessary. Email the register in advance to **info@wildnwacky.co.uk** or bring it on the day.

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|  | NAME | AGE AT PARTY | MEDICAL CONDITION(S)/FOOD ALLERGIES *if applicable* | OFFICE USE |
|  | IN | OUT |
| 1 | Party Star goes here! |  |  |  |  |
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| Signature of Parent / Guardian: |  |
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| Signature of Parent / Guardian: |  |
| Date |  |