



# BATH PAVILION

## ROLLER-SKATING PARTIES

  
BETTER



**Parties are available Monday - Wednesday  
from 4:30pm - 6:30pm**

## WHAT'S INCLUDED

- Entry to the roller disco
- Skate hire (if required, children may bring their own skates)
- Food
- Unlimited squash

## WHAT'S NOT INCLUDED

- Birthday cake (you are welcome to bring your own cake)
- Goodie bags
- Protective gear (these may be hired from reception if required)
- Exclusive use (these sessions are open to the public. You will have your own table, which will be yours for the complete session)

## HOW TO BOOK

Before booking a party, please email [jennifer.jacob@gll.org](mailto:jennifer.jacob@gll.org) or call 01225 486902 to confirm availability.

Once availability has been confirmed, please complete the booking form and menu options form and email back to us at [jennifer.jacob@gll.org](mailto:jennifer.jacob@gll.org)

Once this has been received, the full payment of £14 per child will be payable. This can be paid in person or over the phone.

The menu will need to be confirmed at least 1 week before the party date.



# TERMS AND CONDITIONS

**Please read the following carefully before commencing with your booking.**

## **Administration**

The booking form must be completed in full and returned by e-mail or dropped into the Bath Pavilion.

Full payment is required upon booking and only then will your party be confirmed.

Once full payment is made there will be no refunds for cancelled bookings, however in certain circumstances we will re-schedule another date.

Payment must be made in full by card.

Menus must be returned 1 week prior to the party.

## **General Party Rules**

Please adhere to the safety rules displayed in the venue.

Please arrive for your party 5 minutes early to sort out your skates.

The party will take place during the open public session.

Food will be served as near to the requested time as possible.

Please notify us of any allergens in writing on the booking form.

The party booker must remain in the building during the party.

An adult ratio of 1:6 children must be met.

GLL can not accept any liability for loss, damage or theft. Please take care not to leave items unattended. Lockers are available for your use.

Cameras or videos are not permitted during the party as this is a public session.

Alcohol is not permitted during children's parties.

Only food supplied by the venue must be consumed in the venue, with the exception of the birthday cake.

Balloons are not permitted for safety reasons.

Please do not attach anything to the paintwork.

# BIRTHDAY PARTY MENU

Date of party:  
Birthday child's name:  
Time of tea (approx.):

Menu	Quantity	Comments
Pizza & Chips		
Chicken Nuggets & Chips		
Sausage & Chips		
Burger & Chips		
Just Chips		
Jacket Potato with Cheese		
Jacket Potato with Cheese & Beans		
Jacket Potato with Tuna Mayo		
Cheese Bap & Chips		
Tuna Bap & Chips		

# ROLLER-SKATING BIRTHDAY PARTY BOOKING FORM

Please read the terms and conditions provided to you by the Centre before completing this booking form.

## Contact Details

Name of person booking party: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

## Birthday Party Details

Name of the birthday child: \_\_\_\_\_

Age of child on their birthday: \_\_\_\_\_

Date of party: \_\_\_\_\_ Time of party: \_\_\_\_\_

Number of children attending: \_\_\_\_\_

Any additional requirements: \_\_\_\_\_

Total to pay: \_\_\_\_\_

I confirm that I have read and understood the terms and conditions of GLL 's Birthday Parties and have completed this bookingform in full. (Your Birthday Party will not be confirmed until this has been completed and the full payment has been made). I confirm that I fully understand the Roller-Skating Rules and ratio requirements and it is my responsibility to ensure the child to adult ratios are met.

Please note marshals and staff are there to assist everyone in the venue, the care and supervising the children attending the party remains with the party hirer.

Customer signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## Centre use only

No. of children confirmed: \_\_\_\_\_ No. of children paid for: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_

Additional payments made: \_\_\_\_\_ Date: \_\_\_\_\_

Paid in full: Yes No Date: \_\_\_\_\_

Paid by: Credit Debit Card Cash Cheque

Menu received: \_\_\_\_\_ Party added to file: Yes No

Administrator Sign: \_\_\_\_\_ Date: \_\_\_\_\_