



Storytime *with* Father Christmas

Booking name: _____

Contact telephone No. _____

Number of Children: _____

Number of Adults: _____

Please state Child's Name, Age & Gender below:

Please circle preferred date:

Sunday 5th

Monday 6th

Wednesday 8th

Sunday 12th

Monday 13th

Wednesday 15th

Sunday 19th

Monday 20th

Wednesday 22nd

Any dietary requirements / allergies:

High Chair required