



Christmas Drop and Shop!



Time to get your last minute Christmas shopping done while your kids are entertained with gymnastics, games and fun!

Monday 22nd December 2025 - 4yo+

HALF SESSION (\$37):

10am-12pm or 12pm-2pm

FULL SESSION (\$65):

10am-2pm

What to bring?

named water bottle

HALF SESSION - a snack (NO NUTS)

FULL SESSION - a snack and packed lunch (NO NUTS)

BUGS Current Members: There is no need to fill out this form unless you are adding a new sibling. If you would like to book, please email us which session you would like and we will process the appropriate fees on your account.

Non-BUGS Members: Please fill out the form below and email it to info@bugsgymnastics.com prior to Sunday December 12th to lock in your spot!

Drop and Shop BOOKING FORM

Gymnast Details

CHILD 1 Name: _____ DOB: ____/____/____

Allergies/Health info: _____

Sessions (please circle): 22nd December

Half session - 10am-12pm Half session - 12pm-2pm Full session - 10am-2pm

CHILD 2 Name: _____ DOB: ____/____/____

Allergies/Health info: _____

Sessions (please circle): 22nd December

Half session - 10am-12pm Half session - 12pm-2pm Full session - 10am-2pm

If your child requires any medications or has an action plan, these are to be bought in and given to the coach, clearly labelled.

Payment Methods Credit Card / Internet Transfer (please circle)

Credit Card Payments

Amount: \$_____ Cardholder Name: _____

Card Number: _____ Expiry: ____/____

Cardholder Signature: _____ POSTCODE: _____

Internet Banking Details

BSB: 633-000 Account: 132 989 492 Name: BUGS Gymnastics Club

Bank: Bendigo Reference: CHILD'S SURNAME Drop and Shop

Payment for these sessions are non-refundable unless a medical certificate can be supplied for the dates of the sessions.

Consent

I, the undersigned, consent to the child/children named above attending the Holiday Program and in doing so, agree that BUGS Gymnastics Club Incorporated and/or its representatives (the Club) be free and clear of any responsibility for any accident or illness during the applicant's participation in any activity concerned with this program to the extent permitted by law. I further authorise the Club to obtain any medical assistance as is required and agree to meet any expense attached thereto. I further consent to the use of photographs and/or video footage of the child/children named above taken by BUGS Gymnastics Club Inc. to publicise or display the Club or gymnasts' achievements or activities. If images are to be used we will avoid, wherever possible, naming or identifying the child.

Signature: _____ Name: _____

Date: ____/____/____ Contact number: _____

Email: _____