



Kalaya Children's Centre – Performance Request

Your Details:

Organisation: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Performance Details:

Nature of Event (e.g. family fun day with children's activities, school assembly):

Location of Performance: (e.g. Tauondi College Oval - 1 Lipson Street Port Adelaide)

Recommended Parking for 21 seater bus:

Actual Time of Performance: _____ **Recommended Arrival Time for Excursion:** _____

Will lunch be provided for the children? Yes No

If yes, please specify time & food available: _____

Thank you for your interest. Please return completed form to Kalaya Children's Centre.

Kalaya Children's Centre

www.kalayacc.sa.edu.au

50 Webb Street QUEENSTOWN

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