



KC
KIDS CLUB

Simply
join the
KIDCITY
club today!



T: (02) 6241 3144
25 Kemble Court, Mitchell, ACT 2911
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Printed by: [w pixelmonster.com.au](http://w.pixelmonster.com.au) m 0410 504 670

KidCity
play and party centre

*Annual
Club Memberships
Available Now!*

Want annual
unlimited
FREE entry
to KidCity?



Please complete then drop off, post or email to KidCity

Category of membership (please tick applicable boxes)

Membership

Pure Mayhem ☐ \$270
Double Trouble (2 children aged 12 months & over) ☐ \$345
Triple Trouble (3 children aged 12 months & over) ☐ \$495

Additional children

Chaos ☐ \$100
Additional card ☐ \$3
Gift (please complete gift recognition) ☐

Please complete the following details: (please print)

TITLE ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

NAME _____

ADDRESS _____

SUBURB _____

STATE _____ **POSTCODE** _____

TELEPHONE (H) _____

(M) _____

EMAIL _____

☐ (Tick box) if you dont want to receive additional promotional information & KidCity updates

Please print the names of the children requiring KidCity Club membership:

CHILD 1 _____ **DOB** / /

CHILD 2 _____ **DOB** / /

CHILD 3 _____ **DOB** / /

Please note: If you have four or more children each additional child is required to pay an extra fee (see prices above)

CHILD 4 _____ **DOB** / /

CHILD 5 _____ **DOB** / /

Family memberships are valid for 12 months from date of purchase.
Children listed on each family membership must be siblings (i.e. not cousins or friends). Foster children or adopted children are of course considered siblings.

Payment Details (please tick applicable boxes)

I am paying the total amount of \$ _____

☐ MASTERCARD ☐ VISA ☐ EFTPOS
☐ MONEY ORDER ☐ CASH (do not post cash)

Please note we do not accept personal cheques

Cardholders Name _____

Card Number _____

Expiry date / **Signature** _____

Send to

KidCity Club
KidCity
25 Kemble Court
Mitchell ACT 2911

Email

members@kidcity.com.au

Gift Recognition

☐ Yes, I would like to purchase a Gift membership. I have completed the recipients details on the previous page.

NAME _____

ADDRESS _____

SUBURB _____

STATE _____ **POSTCODE** _____

TELEPHONE (H) _____

(M) _____

EMAIL _____

Delivery ☐ Please send direct to recipient
☐ Please send to me

Don't forget your socks!

Office Use only _____

Valid to:

Member No: