



Sydney Special Children's Christmas Party

18th Feb, 2010

RE: 2010 Annual Special Children's Christmas Party

Our party is now in it's **15th** year and we are happy to announce that the annual Sydney Special Children's Christmas Party will be held on Wednesday the **1st of December 2010** at **Rosehill Gardens, Rosehill**. The day will kick off at 10am and close at 3pm. This year will be bigger and better than any other year – with a new bigger venue, the Party will have more rides, more activities and more **fun!** We will issue all details including a map with your tickets. (PLEASE NOTE DATE MAY BE MOVED SO PLEASE CHECK ON INFORMATION WITH TICKETS)

The Sydney Special Children's Christmas Party is an event for **special needs children and their families/carer's**, giving special children the opportunity to interact with other children and families that face similar challenges in a fun filled day.

We invite special needs children from the ages of **1– 14** years. This year's event will again be a carnival, with lots of rides, roaming performers, games, treats, a full stage show with celebrities and best of all – Santa will be there!

Please complete the attached request form with all areas completed in full. Most importantly, please check the AGE & SEX of the children wishing to attend is accurate so Santa can ensure he provides presents for their age and sex. To avoid disappointment, please return your request as soon as possible. Please contact us to ensure your request has been accepted. All tickets will be sent in September / October 2010. **TICKETS ARE LIMITED TO 5,000**

Yours sincerely,

Amanda Robbins

Manager

Dream Media & Promotions Pty Ltd. ABN: 44 128 836 144 ACN: 128 836 144

PO Box 959 PARRAMATTA NSW 2124



Phone: 02 9635 8855 Fax: 02 9635 7755



2010 Special Children's Christmas Party Invitation Request Form

Name: _____ (Parent/Carer Name)

Address: _____

_____ P/Code _____

Phone No: _____

Total Amount of tickets requested: _____ (adults do not require)

Special Need: _____

(To ensure your request is accepted, please complete)

Are you requesting on behalf of a school or organisation? Please indicate name of school or organisation:

_____ (Families requesting tickets please disregard this question)

Age of Children	Number of Male	Number of Female
1-2 years		
3-4 Years		
5-6 Years		
7-9 Years		
10+		
Total		

Please complete the number of children attending where applicable. **To ensure we reach as many children as possible, if for some reason you cannot attend, please let us know so we can release more tickets to other children who would like to come!**

Request Return form to:

FAX: 02 9635 7755

amanda@ssccp.net

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PO Box 959

Parramatta NSW 2124