

HOLIDAY CLUB 2024

BOOKING AND CONSENT FORM

PLEASE COMPLETE AND RETURN BY SUNDAY 7TH JULY

Name/s of child /children:

Date of birth(s) of child / children _____

My child/children will be attending all 3 days (Please write yes or no)_____

Please state which days your child/children will be attending if they're not attending all 3 days. _____

Any allergies, dietary requirements, medical issues, additional needs, medications or conditions that we should be aware of: _____

Any additional information you would like us to be aware of:

I am happy for pictures to be taken and used in the Sunday service to share the club's activities; (Tick box) ☐

Parent / guardian's contact name and number:

Parent / guardian's email:

I would like to receive information about other events and clubs for children and families; (Tick box) ☐

Parent / Guardian Signed:
