

SOUL TIME 3: Halloween Houseparty

Friday 30th Oct – Sunday 1st Nov 2009

BOOKING AND CONSENT FORM

Contact: the Revd Bar Nash-Williams – 01661 886853 or Catherine Wraith 01661 842804

Please return this form **by 1st Oct** with a cheque for £15, made payable to **St. James' Riding Mill PCC**, to:
Mrs C Wraith, The Coach House, 46 Painshawfield Road, Stocksfield, NE43 7QY

To be filled in by participant

I wish to take part in the Soul Time weekend

Name:

Date of birth: NHS Number:

Address:

Post Code: Telephone Number:

Email:

Are you a member of any church or youth group? Yes / No

If so, which one?

If possible, I would like to share a room with

If possible, I would like a single room.

Photos taken during the event may be used (without names) in other youth work and diocesan communications (newspaper, website...). If you prefer not to have your picture shown, please tick this box.

Do you suffer from any medical condition that we need to know about for your safety? Yes / No

Details:

Do you need medication for it? Yes / No

Details:

Can you administer it yourself? Yes / No

Do you have any special dietary needs? Yes / No

Details:

When did you last have a tetanus injection?

To be filled in the participant if 18 or over, or by parent/guardian if under 18

In the event of illness or accident requiring emergency treatment, I authorise the group's registered leaders to sign on my behalf any written form of consent required by the authorities if the delay in obtaining my own signature is considered inadvisable or unnecessary by the doctor concerned.

I give permission for to participate in the above event.

Signed

Name (please PRINT) Date

Address (if different from above)

Emergency contact number:

If you are likely to be unavailable, please give details of an alternative contact person overleaf.

emergency contact no. to reach us while at Shepherds Dene – 01434 682212