

Tavistock Methodist Church

Circuit Office, Chapel Street, Tavistock, PL19 8DX 01822 611049

SUMMER S:CAPE 2010

Whale Way Adventures

26th - 30th July 2010 10.00am-12.30pm

Dear Parent / Adult with parental responsibility

Thank you for your interest in 'Whale Way Adventures!' - this year's S:CAPE Holiday Club. To book your child a place, please could you fill in the registration form below (one per child) and return as stated. The cost for each child is £15.00, to cover the five mornings. Please make any cheques payable to Tavistock Methodist Church. As places are limited, please book early to avoid disappointment. Once you have sent in this form, your child's place is booked.

Each day's session will incorporate whole group activities, small group time, and an activity choice. Our aim is to prearrange the small groups, therefore I would ask that if your child wishes to be with particular friends that you state their names on the form below. We would also like to take some photos as a record of the event, and possibly use these in local papers. Please state on the form whether or not you would like your child to be in any photos.

We look forward to welcoming your child to 'Whale Way Adventures!' on Monday 26th July when we will be registering from 9.45am. In the meantime, if you have any queries, please do not hesitate to contact us on 610649 or email chris@tmc.me.uk

Yours sincerely

Chris & Tracy Harding & Julie Baylis
Family Workers @ TMC

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Registration form for Summer S:CAPE 2010 – 'Whale Way Adventures'

Please return this slip to Chris & Tracy Harding or Julie Baylis at the Methodist Church Office (address above) along with £15. The office is open between 10.00am and 12.00pm on weekdays, or you can use the post-box outside. One form per child please. All information will be treated confidentially.

Full name of child M / F Date of birth

Address

Postcode Telephone number

Email School..... Age on first day

Contact number(s) during Summer S:CAPE

Any relevant information (allergies, inhaler etc):

Name(s) of friend(s) attending

I give my consent for medical treatment or first aid arising out of illness or accident (please give any details)

.....YES..... NO..... (tick as appropriate)

I give consent for my child to have their photo taken: YES..... NO..... (tick as appropriate)

Please include me on your confidential mailing list: YES..... NO..... (tick as appropriate)

Signature of parent/adult with parental responsibility:

Name (printed)