

Face2Face Educational Trust

CHECKMATE 2016 BOOKING FORM

Please use **one form per person**

If you require more forms please photocopy or ring 01842 750060

or email: kevinmoore758@btinternet.com

SKETCHPAD RESIDENTIAL HOLIDAY – AUGUST Saturday, 6th ~ Friday, 12th, 2016
[6 days and nights]

Arrivals from 4pm on August 6th, departures from 2.30pm on Friday, August 12th
[Parents can drop off and collect if children are attending both holidays]

FOR YOUNG PEOPLE AGED 8-18 YEARS, 22 PLACES AVAILABLE [those aged 18+ can apply to be on team]

PART 1: To be completed by the Parent/Carer of the applicant

Name

First Name:

Surname:

Date of Birth:

Age at start of holiday:

Years:

Months:

ADDRESS & CONTACT DETAILS:

Address:

Tel No:

Mobile:

Parent/Carer E-mail:

Current School Year:

Details of the holiday will be sent following booking including holiday venue, sleeping arrangements, any equipment young people will be required to bring, first aid, insurance, etc, plus a list of items not to bring.

How did you hear about Checkmate?

Have you been on the Checkmate holiday before or anything like it? Yes/No* *If yes, please give some details...*

How did you hear about the holiday? School/friend/youth club/church/other* *[please state]*

Name of church/youth group [if any] to which you belong:

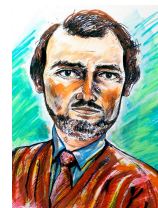
PERSON ATTENDING THE HOLIDAY AGREES TO ABIDE BY THE GUIDELINES SET OUT BY THE CHECKMATE HOLIDAY LEADERSHIP TEAM & THE CHELLINGTON CENTRE RULES.

Signed *[person attending the holiday]:*

Date:

Face2Face Educational Trust working in association with Scripture Union. Registered Charity No: 1136388





PART 2: To be completed by Parent, Guardian or Carer, if Applicant is under 18, or by the Applicant if 18 or over.

SPECIFIC NEEDS

This information is to enable us to meet those needs to the best of our ability at the holiday.
See section on **Special Needs**. Please give full details if applicable, using a separate sheet if necessary.

Does your child require any special diet? Yes/No*

Wherever possible special dietary needs for religious or medical reasons will be catered for on request [eg vegetarian, gluten free etc.]. If yes, please give details [use over page if necessary, be detailed in your explanation, thank you]:

Does your child currently have, or have they recently had any major disability, illness, behavioural or social problems? Yes/No* If yes please give details [use over page if required]:

I ACCEPT THE BOOKING CONDITIONS & I GIVE CONSENT FOR MY SELF/SON/ DAUGHTER/FAMILY* TO TAKE PART IN ALL THE ACTIVITIES UNDER PROPER SUPERVISION. **Please delete accordingly*

I give consent for my child to be photographed during the Sketchpad residential activities & displayed on the website

Title: Rev/Mr/Mrs/Miss/Ms

First name:

Surname: (Parent/Guardian)

Signed:

Date:

I ENCLOSE £

Send your completed form, together with **£70** non-returnable deposit to the Booking Secretary [see *below*]
Total cost of the holiday is **£140** please pay the remaining fees **by the mid point of May**, thank you.

Cheques should be made payable to “**Face2Face Educational Trust**”, thank you, details of payment for those booking from abroad will be sent on receipt of your booking form.

Non UK residents only: Please contact Booking Secretary for details to book, we welcome young people from abroad.

PART 3: Response form for a friend

Dear Booking Secretary, please send a copy of the Booking Form & Checkmate Holiday details to me/my friend*

Name:

Age:

Address:

Post code:

Details of the holiday will be sent following booking including holiday venue, including directions, sleeping arrangements, any equipment the young people will be required to bring, spending money, etc.

Booking Secretary: Kevin Moore, Face2Face, 76 Fairfields, Thetford, Norfolk, IP24 1LB

Telephone: 01842 750060

Emails: kevinmoore758@btinternet.com

Mobile: 07825 811219

kevinmooreface2facetrust@gmail.com

