

**Weekend Away to Belsey Bridge, Ditchingham, Bungay, Suffolk NR35 2DZ
Friday 16 to Sunday 18 July 2021**

Youth Programme Booking Form (11-17 year olds)

Our Weekend Away is a great opportunity for people of all ages and from all churches in the Saffron Walden Team to meet together in a relaxed setting. Matt Williamson will be running a Youth Programme which will run alongside the main programme. Everyone will come together for joint services.

*The weekend is full board which is dinner on Friday evening; breakfast, lunch and dinner on Saturday and breakfast, lunch and tea on Sunday. **The weekend is FREE for under 18 year olds.***

Facilities at Belsey Bridge include large grounds with football pitch, tennis courts, croquet lawn and outdoor swimming pool. Indoors there is table tennis and comfortable lounge areas. Free WiFi. Accommodation includes single, twin and family rooms.

If you have any queries, please contact

Matt Williamson Mobile Telephone No. 07794 518907 Email: matt.williamson20@me.com or

Sarah Nicholas (Weekend Away Administrator) 01799 584617 Email s.nicholas180@gmail.com

Please return completed form to St Mary's Parish Office, Church Path, Saffron Walden, CB10 1JP or email to office@stmaryssaffronwalden.org

I have read the information and would like to attend the Weekend Away.

Your child's date of birth

Please state any information the organisers need to know about your child which would affect their participation in this event

Is the named young person allergic to any medication or other materials such as food, insect stings etc.? YES / NO.
If 'yes' please specify

Please outline any special dietary requirements the named young person has.
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Emergency contact details during weekend

I / We are also attending the Weekend Away

Full name(s)

If not attending please complete the following details

Full name:

Address:Postcode:

Relationship to child:

Home No:Mobile:.....

Full name:

Address:Postcode:

Relationship to child:

Home No:Mobile:

In an emergency and/or if I am not contactable, **I am / I am not** (please specify) willing for my child to receive medical treatment from a doctor, hospital or dentist, including an anesthetic.

Signed (Parent / Carer / Guardian)

Name in block capitals Date

I also understand that photographs may be taken at the event. I understand that these may be displayed on notice boards in church or the parish rooms or in publicity material or put on the web or social media or other internet enabled sites which are controlled by Saffron Walden PCC. These photographs will not normally be of individual children, but will be trying to get a taste of the event. Please sign below to give us permission to use a photograph containing your child. Not signing this form will in no way prevent your child from participating in the event.

Signed: Parent/ Guardian Date: