**Booking Form for Harry Potter World**

Dear Parent/Guardian,

Please fill in this form for each child who would like to come on our trip to Harry Potter World. These activities are for young people living in the Felixstowe and/or Trimley area, in current school years 6 to 14.

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |
| Home Address |  |
| Home Tel. Number |  |
| Name of Parent/Guardian |  |
| Emergency Contact Number(s) of Parent/Guardian |  |
| E-Mail address to send confirmation of activities |  |
| Please tell us about any medical conditions that your daughter or son has that we may need to know about, including medication required on the day. If none please state ‘None’ | |
| Please tell us about any additional needs that your daughter or son has (e.g. learning disabilities): | |

|  |  |  |
| --- | --- | --- |
| **Wednesday 14th August 2019: Harry Potter World**  Departing Level Two @ 9.30am via coach (Felixstowe Travel) Travel to Harry Potter World in Watford. Leave venue at approx. 4.30pm to arrive back for pick up at Level Two @ 7pm. Packed lunch is required for lunch before our allotted entrance time into venue. Please bring money for food/drink for throughout duration of the day and any money for souvenirs. Harry Potter dress up is optional ☺ | **£43** |  |

Numbers are limited and places will be allocated on a first come first serve basis, so early booking is recommended. To secure your place we must have both a completed form together with a deposit of £20. The balance will need to be paid for by 1/7/2019. This can be paid by instalments or in full. (Should you wish to pay in instalments, please speak to a member of staff) We cannot reserve spaces. Pleasenote that you will receive a confirmation e-mail once the full amount is paid.

I (the parent or legal guardian) have read the booking form and give consent for my child to participate in this activity. I acknowledge that the staff of Level Two will be liable in the event of any accident only if they have failed to take reasonable care of my child. Also, I allow for my child to receive medical treatment, which, in the opinion of a qualified medical practitioner, may be necessary.

Level Two may take photos of the young people for use on our website or for our publicity. Please cross this box if you **do not** want this to happen.

Signed:………………………………………………………… Date:……………………………………………………………..

(Parent/Guardian)

This information will be kept confidential within Level Two Youth Project

Please return form with payment to: Level Two Youth Project, 2nd Floor, 54 Cobbold Road, Felixstowe, IP11 7EL. Cheques payable to “Level Two Youth Project”.

Any queries or for further information Tel: 01394 272521