**Booking Form for October Half Term 2019**

Dear Parent/Guardian,

Please fill in this form for each child you would like to attend the **Level Two Youth Project** activities in the October Half Term. These activities are for young people living in the Felixstowe or Trimley area, in current school years 6 to 14.

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| --- | --- |
| 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): | |

|  |  |  |
| --- | --- | --- |
| **Tuesday 22nd Oct 2019: Open Session**  Level Two open from 2-4pm. | **FREE** |  |
| **Wednesday 23rd Oct 2019: London Sightseeing and Attraction**  Meet at Felixstowe Train Station @ 9.15am. Travel to London. Depart London Liverpool Street @ 5.30pm and arrive back into Felixstowe Train Station @ 7.24pm for pick up. Packed lunch required and money for food and drink throughout the day. | **£30** | Deposit  **£10** |
| **Thursday 24th Oct 2019: Open Session**  Level Two open from 2-4pm. | **FREE** |  |

Please tick next to the trips if you would like your daughter or son to attend. Numbers are limited and places will be allocated on a first come first serve basis, so early booking is recommended. **Last date for booking is 16/10/2019.** There is a requirement of a minimum of 10 young people for the activity to go ahead. To secure your place we must have both a completed form together with payment or instalment. We cannot reserve spaces. Pleasenote that you will receive a confirmation e-mail once full amount paid.

I (the parent or legal guardian) have read the booking form and give consent for my child to participate in the activities/trips. 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**