

Youth Weekend

Fri. 2nd
- Sun. 4th

March
2012

Arrive: 6pm
Depart: 4pm

Age 12+

The Faith
Mission Centre
Newton
Stewart

Booking Form

Name

Date of Birth.....Age.....

Address.....
.....
.....

.....Post Code.....

Tele No.....Mob. No.....

Email:.....

Emergency contact for weekend.....
.....

Does he/she suffer from any disability, health or diet related
issues?

(Specific details must accompany this booking form)

Are you happy for your child to be included in camp photographs
which may be published in FM literature.....

Name of parent/guardian (please print)
.....

Signature.....

I enclose £10 deposit (non-returnable) or £45 full fee

Cheques should be made payable to The Faith Mission and sent

to) William & Carolyn Harrison The Faith Mission Centre
High Barbuchany, Newton Stewart, DG8 6QF

01671 403632 email: anglo.scot@faithmission.org

Health Information Form

Name.....

Date of Birth.....

Name & Tel of GP.....

Please give names and numbers of two people who can be con-
tacted in emergency.

1.....

2.....

Does your child

* require medication.....

* have a health issue that we need to be aware of.....
.....

* have any diet related problems.....
.....

Parental Consent (required if under 18)

In the unlikely event that emergency medical treatment should
be required, I give my consent and understand that I will be
contacted as soon as possible. My child may be given paraceta-
mol if thought necessary.

Signature of parent/guardian.....

Discovery Camp - Newton Stewart 23 - 27 July 8 -11 years

Youth Camp - Newton Stewart 30 July - 3 Aug 12+ years

Booking forms will be sent to you soon.

