

FRIENDS' SOUTHERN SUMMER EVENTS (FSSE)
APPLICATION FORM FOR JUNIOR GATHERING 19th – 26th August 2017

Full name of participant	
Name participant likes to be known by	
Address - Please write clearly using <u>BLOCK CAPITALS</u>	
Age at time of event (<i>must be 11 by 1 September 2017 and under 15</i>)	Male / Female
Date of birth	
Diet: Any special dietary needs?	
Local Meeting	
Area Meeting	

Parent/guardian Name	
Address (if different from above)	
Parent home phone number	Parent mobile number
Parent email <i>We prefer to contact you and send forms by email to save expense, postage and paper</i> <i>If you need correspondence sent by post, tick here</i> <input type="checkbox"/>	

<p>We aim to be fully inclusive.</p> <p>No-one will be prevented from attending by financial difficulties. Most AMs and LMs will help with payment, but if there are problems, FSSE can provide bursaries.</p> <p>.....</p> <p>Some participants may need extra support, in which case please write here in confidence to the organisers about anything you feel they need to know. Examples could include social, physical, behavioural or emotional support.</p>

*Please return this form to tkirwan@doctors.org.uk
or T Kirwan, 3 The Street, Dilham, NR28 9PS*