

Craft Week Application Form

8th - 12th August 2011

Surname _____ Date of Birth _____

First Names (please underline the name used) _____

Address _____

_____ Telephone _____

Current School _____ Class _____

T-shirt size required, please tick **one** option:

Child sizes:

- Age 7-8 (30")
- Age 9-11 (32")
- Age 12-14 (34")

Adult sizes:

- small
- medium
- large

EMERGENCY CONTACT 1

Name (and relationship to child) _____

Telephone _____

EMERGENCY CONTACT 2

Name (and relationship to child) _____

Telephone _____

Declaration of Parent / guardian

I would like my child to take part in Craft Week and enclose my cheque for £140 made payable to Westholme Promotions. I understand that this is not refundable.

I am likely / unlikely* to require after hours care (*please delete as appropriate)

Signature _____ Date _____

Please return this form to:

Westholme Girls' Junior School, Beardwood Bank, Preston New Road, Blackburn, BB2 7AA.

If there is any information that would be helpful in ensuring your child has a happy week please write this overleaf. Please make sure you let us know if they would like to be grouped with particular friends or if they have medical problems that we need to be aware of. Information will be confidential to Craft Week staff.