**APPLICATION FORM: QUAKER ACTIVITY DAY 0CTOBER 7TH**

Name of young person:……………………………………………………………………

Age:………………………………………../ Male/ Female:……………………………..

Name of Parent/ Guardian:…………………………………………………………….

Emergency Contact Phone:…………………………………………………………….

Email Contact:……………………………………………………………………………….

Any Dietary considerations: (Veg/ Vegan/ Intolerances?)

……………………………………………………………………………………………………..

………………………………………………………………………………………………………..

Any physical conditions we should be aware of (e.g. asthma)

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**CAN YOU PLEASE BRING THE FOLLOWING:**

* CLOTHES THAT YOU CAN RUN AROUND BOTH INSIDE AND OUTSIDE
* CHANGE OF SHOES IN CASE IT RAINS
* WET WEATHER JACKETS IN CASE IT RAINS
* RECYCLED PLASTIC BOTTLES THAT WE CAN BUILD WITH
* ANY VEGETABLES THAT YOU CAN RECYLCLE TO COOK WITH
* ANY IMAGES OR DRAWINGS TO BUILD A SCULPTURE

Please confirm that the young person can stay the whole day? Y /N

Please can you confirm whether parent/ guardian can come to tea? Y/ N

Do you understand that this activity day is being run by Ginnie Wollaston and Cathy Khurana from Central England Quakers Children & Young People’s Committee? Y/ N

Return form to: ginnie.wollaston@gmail.com