

Ocean Odyssey

Holiday Club

If you would like to come please ask your parent or guardian to complete the attached form, enclosing a **total fee of £10 per child** (for all three days). We will accept cash or cheques - payable to 'Claygate PCC'.

IMPORTANT BOOKING INFORMATION

Bookings will open at 10am on Saturday 17 January at

Holy Trinity Church, Church Road, Claygate, Surrey KT10 0JP

Priority will be given to personal callers who will be limited to booking for their own children and up to one other family only.

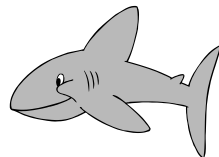
Places are limited and will be allocated on a first come first served basis.

Bookings received by any other method will be processed on this date at 11.30am, but only if there are places remaining.

For any queries, please contact the church office on 01372 463603 choosing option 1 bookings

or email bookings@holytrinityclaygate.org.uk

We will confirm with you in writing if you have been successfully registered and we look forward to you joining us on our Ocean Odyssey!



OCEAN ODYSSEY REGISTRATION FORM

MALE/FEMALE CHILD'S NAME _____

SCHOOL _____ SCHOOL YEAR _____

DATE OF BIRTH _____ AGE (at time of club) _____

ADDRESS _____

PHONE _____

Please register my child for Ocean Odyssey Holiday Club

PARENT/GUARDIAN'S SIGNATURE _____

PARENT GUARDIAN'S NAME _____

DATE _____

PARENT/GUARDIAN'S ADDRESS & PHONE (if different from above)

NAME OF ONE OR TWO FRIENDS OF SIMILAR AGE WHO ARE ALSO REGISTERING:

Please tick here if you **do not** wish your child's image to be used for internal church publicity (e.g. photos, video)

EMERGENCY CONSENT FORM

CHILD'S NAME _____

EMERGENCY CONTACT DETAILS

NAME 1 _____ PHONE _____

NAME 2 _____ PHONE _____

NAME OF GP _____

SURGERY _____ TEL. NO. _____

RELEVANT INFORMATION WE SHOULD KNOW

(e.g. allergies, medical condition, special needs etc – use a separate sheet if necessary)

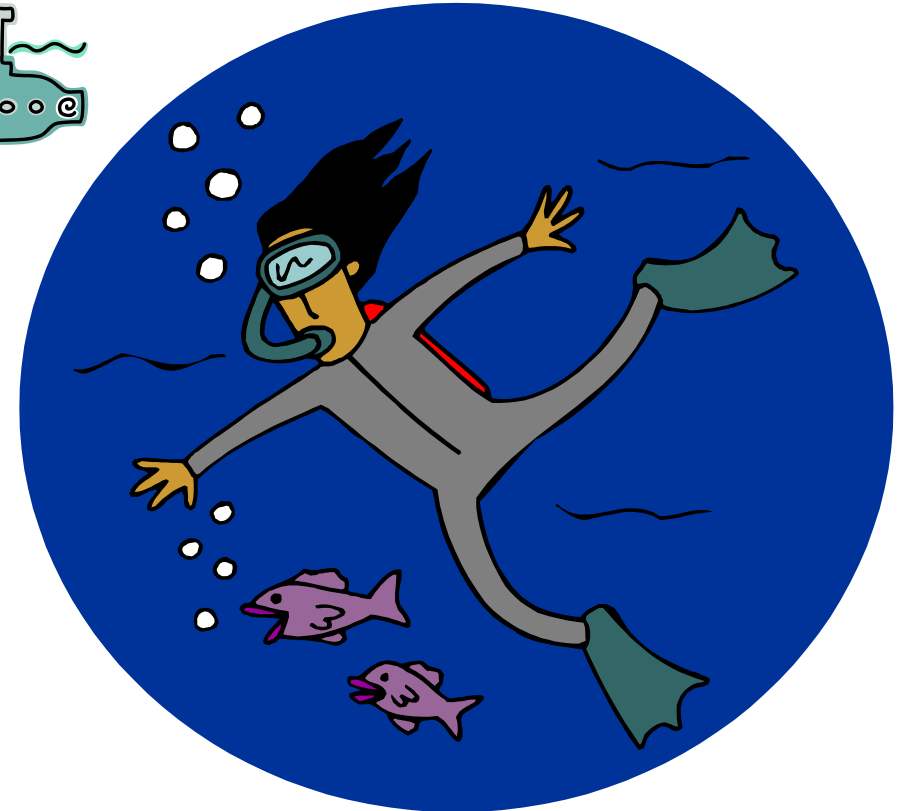
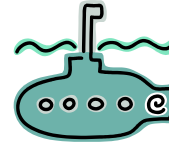
I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident I give my permission for any necessary medical treatment to be given by the nominated first aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

DATE _____

PARENT/GUARDIAN'S SIGNATURE _____

PARENT/GUARDIAN'S NAME (please print) _____

Ocean Odyssey Holiday Club



Calling all school children in years 1 to 6 come and join us for three days of underwater fun with music, drama, puppets, crafts, games, challenges and lots more!

Become an ocean cadet and discover God's plan for us as you encounter strange worlds and underwater creatures

Tuesday 17 to Thursday 19 February 2009 9.30am - 2.30pm

Holy Trinity Church, Claygate

