

Champion's Challenge

Dear Parents

Does your child enjoy a challenge? Then why not join us here at Farnham Baptist Church during the Summer holidays? From Monday 28th July to Friday 1st August we are running a holiday club called '**Champion's Challenge**'. **Champion's Challenge** is a fast-moving programme of games, crafts, drama, music and Bible stories. It's for children aged 5 to 11 (school years R to 6) and is held every day from 9.30am – 12.00pm and it's free of charge!

Is your child ready to take on the '**Champion's Challenge**'? If so, please complete the form below and return it to us asap but no later than Friday 11th July 2008. Space is limited and places will be allotted on a first-come-first-served basis. We will reply to confirm that your child has been registered. We look forward to seeing your child at **Champion's Challenge**. We also hope that you will be able to join us for a fun family event on Saturday 2nd August and for our special **Champion's Challenge** family service on Sunday 3rd August 2008 at 11am.

Looking forward to seeing you at the **Champion's Challenge** Grandstand.

The **Champion's Challenge** Coach

The Church Office
Farnham Baptist Church
The Hart
Farnham GU9 7HA

Phone 01252 726830

Champion's Challenge

Registration Form

Full Name of Child(ren) Date of Birth

1.....(M/F).....

2.....(M/F).....

3.....(M/F).....

Name of friend your child would like to be in the same group as (*same age please*)
.....
.....

Address

.....Post Code

Phone Mobile.....

E-Mail.....

School(s) Attended

Emergency Name & Contact No during Champion's Challenge.....

.....

I will be collecting / authorise only *.....
To collect my child/children
*(please delete as applicable)

PRIVACY STATEMENT

We require these details to administer the Holiday Club and offer future invitations. We do not share these details with others.

GP's Name and Phone Number
.....

Relevant information you would like us to know (eg allergies, behavioural difficulties, special needs etc)
.....
.....

Where did you hear about us?

In the unlikely event of illness or accident, I give my permission for any appropriate first aid treatment to be given by the nominated first-aider. I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct.

Name of parent/adult with
Parental responsibility.....(printed)

Signature

*During the week your child may be photographed.
Please contact us if this is not acceptable.*