

REGISTRATION FORM FOR HOLIDAY AT HOME

8th August 2018

NAME:

DATE OF BIRTH/...../.....

ADDRESS:
.....
.....
.....

Home phone no:

DR'S Name:

Surgery:

Phone no:

Do you have any food or other allergies, or health problems we should know about in order to keep you safe?

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.....

Are you happy for photographs to be taken during the event and for them to be used by the church. YES / NO

Emergency Contact Number:

Name

Address

.....

Phone no:

Relationship.....

All information will remain confidential and kept for one year for any communication purposes.

Please print the form and fill out and send to:

Rushmere Baptist Church, The Street, Rushmere St Andrew, Ipswich, Suffolk, IP5 1DF. or give to Myrna Welsh.