Youth Gather: Booking Form
Saturday 10th October to Sunday 11th October 2009

Name _____ Date of Birth*_____ Male/Female

Address _____

Postcode _____ Telephone No. _____

Mobile No. _____

Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Parent/ Guardian Email | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

School _____ Parish _____

***If under 18 years of age (or if in current year 13), it is a requirement that either a parent or guardian complete the permission slip over the page.**
**** all correspondence will be via email. If you would prefer to receive information by post, please tick here.** ☐

Please note any medical conditions (in confidence)

Please note any dietary requirements

Details

Youth Gather will be held at Essex County Council's Youth Camp at Mersea Island, Colchester. The camp has limited cabin space available and this will be issued on a first come, first served basis, there is also an opportunity to increase the possible numbers by accommodating people in tents.

Please Tick:
I would prefer to sleep in a tent ☐ I would prefer to sleep in a cabin ☐
I would prefer not to come to the event unless I am in a cabin ☐

Please name up to 3 people who you would like to share with and attend workshops/ activities with. (we cannot guarantee these arrangements, but we will aim to please where possible).

_____

During the weekend there will be the opportunity to take part in a Mersea outdoors activity, and one other workshop. Please choose **one** Mersea activity and one workshop, or two workshops if you prefer. Please mark your selection 1-3, with 1 being your first choice.

Mersea Activities

Adventure Course	
Aerial Runway	
Archery	
Climbing Wall	
High Ropes	
Caving	
Mountain Bikes	
Low Ropes	
Assault Course	

Workshops

Art	
Signed Song	
Music	
Drama	
Drumming	
Spiritual Space	
Song Writing (lyrics workshop)	
Sports	
Photography	
Social Action	

Transport & Cost

We are arranging coach/minibus transport to the event from the following places. Please indicate which would be the best collection point for you:

Stratford ☐ Romford ☐ Brentwood ☐ Chelmsford ☐ Southend ☐

I will use my own transport ☐

The cost of the event is £55 (if using arranged transport) or £45 (if using your own transport) - please ask your parish or school (if a Catholic school) for sponsorship as they will have been made aware of the event and may be able to help you.
Confirmation of your place and more details will be sent on receipt of this application form.

Consent Form

If under 18 years of age (or if in current year 13), it is a requirement that either a parent or guardian complete this permission slip. All those attending must also sign below.

1. I apply for a place on the Youth Gather weekend in Mersea Island.

2. **I enclose full payment to Brentwood Catholic Youth Service for a place at the event
(Cheques payable to BRCDT Youth Service)

or

I have made part payment for the event _____ (amount) and the following parish/school has agreed to pay the following amount _____ (parish/school) _____(contact name) and ____ (amount).

**** Please delete one of the above statements**.

3. I agree that the money is not refundable unless:
- I cancel before you incur any expenses or enter into any commitments
- You cancel the event for any reason, and some money remains after meeting all expenses and commitments.

4. I agree to authorise any adult leader that Sarah Barber (youth service director) may delegate to sign any medical treatment consent forms as deemed necessary in an emergency on the advice of a qualified medical practitioner. I set out overleaf details of any medical condition and treatment required.

5. I give permission for photographs of my son/daughter to be used for BCYS promotional purposes.*

**Please note that we would now presume that photos taken by young people will be displayed on social networks such as Facebook, Myspace etc. Please contact us if you have any concerns in relation to photographs*

Signed (Person attending) _____ Date _____

Signed (parent or legal guardian) _____Date _____

Contact details of parent/guardian:
Name: _____ Address: _____

_____

Telephone no _____ Mobile Tel No _____

Alternative contact (in case of emergency):
Name: _____ Relationship to young person: _____

Telephone no _____ Mobile Tel No _____

Closing date for applications is Friday 2nd October 2009
All forms and any queries to be addressed to:

Youth office, Cathedral House, Ingrave Road, Brentwood, Essex CM15 8AT
Tel: 01277 265286 Fax: 01277 265261 Email: info@bcys.net