

WORKSHOP REGISTRATION FORM

Please fill in this form to book a place for your child.
Please use a separate form for each child

Please return this form to Forest Gate Church as soon as possible.

**August 4th/5th and 7th/8th
10am – 3pm**



Child's full name		Sex: M/F
Date of birth	School year	School
Parent's/Guardian's signature _____ DATE _____		
Parent/Guardian's full name		
Contact number		
Name of person collecting your child		
I give permission for my child to take part in the workshop activities		Yes/No
I give permission for my child's photograph or video to be taken during the workshop (the photographs will be used for church purposes only)		Yes/No
I am happy to be contacted about future events run by Forest Gate Church		Yes/No

Please return this to the postbox of Forest Gate Church Youth & Community Building. Thanks.