

Attic Café LaserQuest Trip– 2nd Febuary 2012 – 8.30pm

Bookings must be in by 29th January. We have booked the venue exclusively. This means that if lots of people come you can have some money back! Initially the costs are:

Members (subsidised) £6.50 Non-members £8.00

Transport by the leaders is limited to 18 people on a 'first come, first served' basis. After this, people will need to arrange their own transport. If you **cannot** arrange your own transport then please indicate by ticking the box below and we will do all we can to accommodate you.

- If you're coming in the minibus please meet at **Attic Café at 7.30pm, alternatively arrive at Laser Fusion, Silver Street, Bristol by 8.30pm.**
- We will be finished at around 9.30pm in Bristol and back in Thornbury around 10pm.
- Please wear suitable clothing – it can get hot if you're doing lots of running around!
- Do not bring valuables you don't need (they regularly go missing) but you may want to bring a drink with you or the money to buy one.



Booking/Consent Slip

Young Person's (YP) Details:

First name _____ Surname _____

Home Address _____

Emergency contact people:

(Please give two phone numbers in case there's no answer on first)

Name _____

Name _____

Telephone _____

Phone _____

Relationship to YP _____

Relationship to YP _____

Parental Consent

- I give permission for the young person named above to attend the trip, and enclose cash/cheque (payable to TBC)
- I understand that these details will be kept on file at TBC Centre.
- **I give my consent for my child to be transported by Leaders in minibus or cars**, as long as where possible, there is at least one other adult or young person present in the car and young people travel in the back seat whenever possible.
- **I also understand that any photographs taken at the event may be used** at Thornbury Baptist church after the trip, or on TBC's church website.
- In the unfortunate event of illness or accident, I give my permission for medical treatment to be administered where deemed necessary by nominated First Aiders or suitably qualified medical practitioners. Should emergency hospital treatment be required, I authorise a Leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. However, I understand every effort will be made to contact me as soon as possible.
- I confirm that these details are correct and accurate to the best of my knowledge.

Signed (Parent/Carer) _____ Date _____