

GROUP BOOKING FORM AYLESFORD YOUTH FESTIVAL
Saturday 25th June 2016 – 10am to 7pm



Cost: £10 per person

I wish to bring a group of _____ young people (in school year **7 - 11**) and _____ leaders to the Aylesford Youth Day.

I enclose payment of £ _____ (£10 per person)

*Please make cheques payable to **Southwark Catholic Youth Service***

Group/Parish Name _____

Name of Group Leader _____

Address for correspondence _____

Email _____

Tel No _____ Mobile No _____

Number of young people (school yr 7 & 9) _____

Number of young people (school yr 10 & 11) _____

Number of leaders _____

Please ensure you have read the event information and understand the leaders responsibilities.

Signature _____ Date _____

Let us know any special requirements individuals in your group might have.

Please return this form with a cheque to: SCYS, St. Vincent's Centre, Castle Road, Whitstable, Kent, CT5 2ED

For Office Use:

Date form received:

Cheque Number:

Amount received:

Account Number: