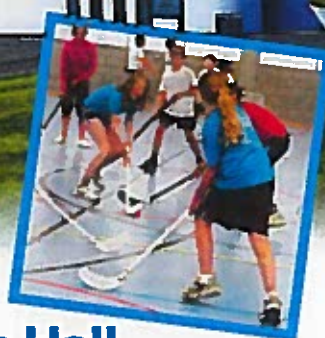
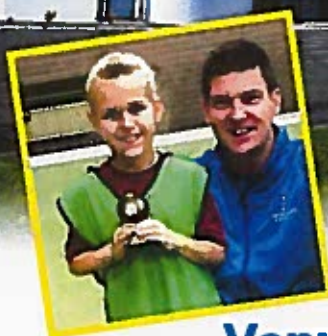


**FREE**

SHINING LIGHTS



# Activity Fun Nights



**Venue: Larne Mission Hall**

**Tue 30 April, Wed 1 & Thu 2 May 2019**

**7.00pm - 8.30pm**

Fill in registration form on reverse (one required per child). More can be obtained by logging on to [larnemissionhall.com/forms](http://larnemissionhall.com/forms)  
Email to [info@larnemissionhall.com](mailto:info@larnemissionhall.com)

**Meet new friends**

**Sports**

**Learn new skills**

**For all  
boys & girls  
P3- P7**

**Refreshments**

**Matches**

**Unihoc**

**Football**

**Gospel Talk**



**LIMITED  
SPACES  
BOOK  
NOW**



**For all  
boys & girls  
P3- P7**



*Remember  
to bring  
your  
trainers!*

## **Activity Fun Nights**

**Tue 30 April, Wed 1 & Thu 2 May 2019**

**7.00pm - 8.30pm**

**One form per child**

Registration and Consent Form, please complete using **BLOCK CAPITALS**

**Name of child**

**Age and date of birth**

**Home address**

**Contact 1 Name:**

**Relationship to child:**

**Tel:**

**Contact 2 Name:**

**Relationship to child:**

**Tel:**

**Has your child any special  
needs / disabilities / health  
problems which you feel  
the activity leaders should  
know about?**

**Consent - Delete as appropriate**

**Attendance: I consent / do not consent** for the child to attend Shining Lights Activity Nights in Larne Mission Hall (dates above).

**Photos: I allow / do not allow** for the child named above to have photo or video footage taken of during activities. Photos and video may be used for church website, social media and media such as newspapers.

**Medical: I give permission / do not give permission** on my behalf for the young person named above to be given any urgent medical treatment and for first aid to be carried out by a trained First Aider. (you will be consulted prior to any further /non-emergency treatment)

**Family doctor/surgery:**

**Tel:**

**Address:**

**Print parent/guardian's name:**

**Date:**

**Parent/guardian's signature:**