



Adult Leader (age 17+)
Sat 18th - Sat 25th August
2012 BOOKING FORM

BOOKING FORM - PERSONAL INFO

NAME: _____ MALE / FEMALE

AGE AND DATE OF BIRTH: _____

ADDRESS: _____

LANDLINE _____ MOBILE _____

EMAIL: _____

IT IS ESSENTIAL YOU HAVE A CRB CHECK DATED AUGUST 2009 OR LATER. PLEASE ENTER YOUR CRB NUMBER HERE

[Empty box for CRB number]

IF YOU DO NOT HAVE A CRB OR IT IS OUT OF DATE, YOU MUST OBTAIN ONE THROUGH YOUR LOCAL CHURCH.

I AGREE TO OBTAIN A CRB AND SEND YOU THE NUMBER BY JULY 2012 (PLEASE TICK)

[Empty box for CRB agreement tick]

IF YOU HAVE ANY SPECIAL MEDICAL OR DIETARY REQUIREMENTS WE NEED TO KNOW ABOUT, PLEASE EXPLAIN HERE:

EMERGENCY CONTACTS:

NAME & NUMBER _____

NAME & NUMBER _____

WHEN DID YOU BECOME A CHRISTIAN? _____

WHICH CHURCH ARE YOU PART OF? _____

WHAT WORK HAVE YOU DONE WITH CHILDREN BEFORE?

ARE THERE ANY PARTICULAR AREAS OF SERVING AT FOCUS THAT YOU WOULD LIKE TO BE PART OF?

ACCOMMODATION

FOCUS TAKES PLACE AT QUINTA HALL, SHROPSHIRE. IF YOU WOULD LIKE TO SHARE A BEDROOM WITH YOUR FRIENDS, PLEASE PUT THEIR NAMES HERE. WE WILL DO OUR BEST TO PUT YOU TOGETHER.

- 1.
2.
3.

COST

£120 FOR ACCOMMODATION AND FOOD. NON-REFUNDABLE £20 DEPOSIT REQUIRED WITH BOOKING PLEASE

£20 ENCLOSED (PLEASE TICK)

[Empty box for £20 enclosed tick]

ALL CHEQUES PAYABLE TO FOCUS BALANCE OF £100 DUE BY 17 JULY 2012

AGREEMENT

I agree to behave in a responsible manner at camp, to set a good example to the children, and to show respect to other teen servers and adult leaders.

Signed Date.....

Reference: Please ask your CHURCH LEADER to sign

I have known the applicant for ___ years, and am happy to recommend him/her to work at Focus Summer camp as a Leader this year.

In what capacity do you know the applicant?

.....

Signed

Please print name

If you are under 18, please ask your parent or guardian to sign the next section.

I agree to my son/daughter working at Focus Summer camp as a Leader under the supervision of the Camp Leaders. In the unlikely event of my child needing medical attention I agree to him/her receiving First Aid treatment from a qualified First Aider on Site, or from medical staff if taken to hospital. I agree to him/her taking part in organised activities, and agree to any photographs or video footage being used for future publicity.

Parent/Guardian Name

Signed Date.....

PLEASE SEND FORM & £20 DEPOSIT TO: FOCUS, 22 Richmond Park-Anfield-Liverpool-L6 5AD For more information call Martyn:07957136243; Jill:07912505924; Anna:07840530486