

PARISH:.....

SCHOOL/OCCUPATION:.....

Are you registered disabled or do you have any special medical needs? YES/NO

If YES, please indicate:.....

Do you have any dietary requirements? YES/NO
Details:.....

Do you play a musical instrument? YES/NO
If YES, what?.....

A full medical form will be sent on receipt of application

PARENTAL/GUARDIAN CONSENT (Under 18s only)
I give my permission for my son/daughter to take part in the
'Youth Weekend' Friday 15th - Sunday 17th January.

Signed:

Print Name:

Date:

OFFICE USE ONLY *receipt sent:* ()
Date: () *Payment:* () *Chq. No.:* ()

*animate youth ministries is the Youth Service of the Archdiocese of Liverpool
Liverpool Roman Catholic Archdiocesan Trustees Inc. Reg. Charity No. 232709*



During the weekend there will be loads of fun, a chance to meet new friends. There will be music, drama, workshops, games and a time to chill out away from home and school. There will be time to get out and about as well as social time with the group. Come along and have a fantastic weekend away!

EPIPHANY means manifestation or appearance. On this weekend away we will be extending Christmas a bit longer than just boxing day. Do you want to keep opening your gifts? Eat more Christmas cake? Meet Santa again?

This weekend away will be one long Christmas party, you will be able to become one of the Magi and discover more about the baby who's appearance changed their lives.

»» to book your place fill in this form and send it with a cheque for £70 asap: closing date is 15th December 2009

»» the *bargain* price of £70 includes transport AND food AND accommodation.

»» mini-buses will leave Lowe House at about 5.30 pm on Friday, 15 Jan and arrive back to Lowe House at 5 pm on Sunday, 17th Jan (times to be confirmed)

»» more info: call Maria, Woody or Ferg 01744 740462

To apply, fill in and detach this sheet and return with a cheque (NO cash) for £70 made payable to: 'Animate Youth Account and send to "EPIPHANY"

Animate Youth Ministries, Lowe House, Crab St,
St Helens. WA10 2BE

Please fill in BLOCK CAPITALS

NAME:.....

ADDRESS:.....

..... POSTCODE:.....

TEL. No.: MOBILE:.....

EMAIL:.....

DATE of BIRTH: /..... /.....

I will be years of age on Fri, 15th Jan 2010

please turn over »»