

REGISTRATION FORM FOR



19 to 23<sup>rd</sup> February 2019

at Newport Methodist Church, Quay Street, Newport

Please fill in one form per child.

Full name of child

\_\_\_\_\_

Boy

Girl

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Date of birth \_\_\_\_\_

School \_\_\_\_\_ Year \_\_\_\_\_

Please return completed form with £5 to Bill and Sheila Bates, 2 Jordan Close, Gurnard, PO31 8ED by 31<sup>st</sup> January. We will write to confirm your place at Go Mad! In the meantime, if you have any queries please email [marilyn.earley@googlemail.com](mailto:marilyn.earley@googlemail.com)