Event Registration & Parental Consent Form

Please return to: *RE:MISSION* Fundraising, Arden, 33 Cambridge Road, Clevedon, North Somerset BS21 7DN
Email to: enquiries@re-mission.org.uk or call Terry on 01275 218056

Event:	**Easter Sleep Out**
Date:	**25th March 2016**

Name:			
Address:			
Telephone:			
Email:			
Group/organisation (if applicable):			
How did you hear about this event?			
Signature:		Date:	

Photographs may be taken during the event to be used for promotional purposes by *RE:MISSION*. Do you consent to photographs being taken and used for such purposes? **YES / NO**

☐ Please tick if you would like to receive future news and events updates from *RE:MISSION*.
We will not share your details with third parties, and you can unsubscribe at any time.

PLEASE COMPLETE THIS SECTION IF YOU ARE UNDER 18			
Date of Birth:			
Parent/ Guardian's Details			
Name:			
Address: (if different to above)			
Telephone:			
I give permission for my child to attend the event with the following nominated adult			
Adult name:			
Relationship to child:			
Signature:		Date:	

All proceeds from this event will go to
Registered Charity No. 1161892

OFFICE USE ONLY		Date:
On Database	Confirmation Sent	Fee paid (if applicable): £

RE:MISSION
giving you hope and a future