**Alford YFC Paint and Fome party Parental Permission Slip**

**Section 1** completed by the event organiser and be **retained by the Parent/Guardian**

**Section 2** completed by the Parent/Guardian and returned to Alford yfc

**Section 3** should be completed by the “responsible adult” where they are assuming the supervision of the member and returned

**Section 1 – Event Details**

|  |  |
| --- | --- |
| **Event Name:** | Alford yfc’s Paint and Fome Event  |
| **Event Date:** | Friday the 22st of June 2024 |
| **Event**  | Halloween ministry of pound |
| **Event Start Time:** | **7:30pm** | **Event Finish Time:** | **1am**  |
| **Event Costs:** | £15 members  |
| **Event organiser:** | Alford yfc  |
| **Event organisers contact details:** | Adam Hand Chairman 07802604454Erin Caplice vice chairman 07747037617Ruby Cutts secretary 07956496075Alford yfc/Adam Hand, bar licence holderSecurity TeamAll will be in attendance on the night.  |
| **Additional information for the parent/guardian to be aware of?** Please tell your child in the event of their involvement in or witnessing an incident any of the above organisers should be found. These organisers are there to help, support and assist your child should they need.  |

**✂ *Tear here*  ✂ ✂**

**Section 2 – Member Details** - This section should be completed, signed by parent/guardian AND NOT THE MEMBER, breach of this may lead to disciplinary action.

|  |  |
| --- | --- |
| **Member Name:** |  |
| **Club Name:** |  |
| **Event Name:** |  |
| **Event Date:** |  |
| **Transport Arrangements:** |  |
| **Additional information for the event organiser to be aware of?** *Medical or otherwise.* |

|  |
| --- |
| **Responsible adult attending the evening, such as Chairman, secretary, other club committee member and is aware that they have been named as your child’s responsible adult.**  |
| **Name:**  | **Mobile:** |  | **Club Role:**  |  |
| **Should we need to contact you on the night, please supply two names and numbers.** |
| **Name:**  | **1st Tel Number** |  | **2nd Tel Number** |  |
| **Relationship to child: Mother/father/guardian/other:** |
| **Name:**  | **1st Tel Number** |  | **2nd Tel Number** |  |
| **Relationship to child: Mother/father/guardian/other:** |

I have noted the information and give permission for my child to participate in the above event.

Signed (NAME): Date\_\_\_\_\_\_\_\_\_\_