Registration Form for an Oakhanger Project Activity



Name of Applicant:			
Address:			
Postcode:			
Telephone:	Mobile:		
Families: Please add additional names a separate form for friends and relatives.	nd ages. Use one form per fa	amily if living at sam	e address. Please use a
Name (first and last name)	Annual Health & Consent Form completed (tick)	<u>Age</u>	Date of Birth
I wish to book places on the lam paying £ (Confirma			
BACS payment to Oakhanger Projec Please use surname and date of acti			
Please send forms by email to: op.ac	dmin@oakhanger.org		
IMPORTANT Please read this before	e sending your form:		
 All activities should be booked an please do so as soon as possible t given if your place has been filled 	o allow others to take you	•	_

• Each person attending must have completed an Annual Health & Consent Form before taking part in the first activity of the year. (This must be signed by an adult who is the parent or carer, if the person is under 18, or has specific needs.)

• Please note that Oakhanger Project activities are occasionally subject to change at short notice and always adhere to government guidelines. A message will be sent to the applicant with any notification of change.

> er 1189721 – www.oakhanger.org)

Registered Charity Number 1 (Privacy Policy available to view on website
Office use only: Booking received on By Paid: Paid: