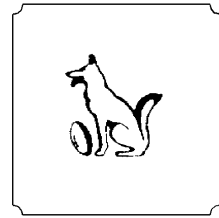


**BURY ST. EDMUNDS
RUGBY UNION FOOTBALL CLUB LTD**



**October Half-term Decision Making Camp
Tuesday 25th & Wed 26th October**

Name of Child

Age.....

Preferred Playing Position

Address .

.....

.....

Post Code.....

Email Address

Any Medical Conditions

.....

.....

Emergency contact name & number

.....

.....

Dates Attending Camp (tick where appropriate):

Tue 25th Oct() Wed 26th Oct()

Signed.....

Print.....

Signing this form gives your consent for your child to be supervised by a member of Bury St Edmunds RUFC at the location of The Harberden and also the consent to apply first aid if necessary by a fully qualified first aider. Pictures may be taken of your child for future marketing. If you DO NOT want your child to appear in photos please tick this box ()

Please make cheques payable to Bury St Edmunds Rugby Club & all completed applications and payment must be received by Saturday 22nd October at the following address

Gavin Hogg
Bury St Edmunds RFC
The Harberden,
Southgate Green,
Bury St Edmunds,
Suffolk,
IP33 2BL