

Mega Makers registration form

As a parent/carer I wish my child to attend this holiday Bible club and hereby authorise the helpers from Crown Lane Free Methodist Church to act for my child in an emergency situation requiring medical assistance. I understand and accept that Crown Lane Free Methodist Church will not be liable for any loss or injury which applicants may sustain during the day.

Photos may be taken during the day. If you are happy for your child's photo to potentially be shown in Crown Lane FMC, used on Facebook or future promotional materials, please give your permission by ticking this box:

We at Crown Lane Free Methodist Church would like to hold your details to inform you of any future events that may take place. If you are happy for this, please give your permission by ticking this box:

Parent's name (printed):

Signature:

Date:

Please return to:

**Pastor Donovan Lurrie
5 Underwood,
Preston,
PR2 3RQ**

Crown Lane Free Methodist Church Holiday Bible Club

MEGA MAKERS!



28/08 to 31/08

www.crownlanefm.org.uk

Crown Lane Holiday Bible Club—Mega Makers!

Who is it for?

For Primary School aged children,
between 5—11

What does it cost?

Absolutely free!

Where and when?

Wednesday 28th August—Friday 30th August, 10am—12pm.

Saturday 31st August, 10am—12:30pm —Family fun day!

Sunday 1st September, 10:45am—12pm—Sunday morning service

Where: Crown Lane Free Methodist Church, PR4 0HD

What's on?

Each day, there will be a mixture of games, music, drama, Bible stories,
crafts, fun and refreshments!

There is also a free t-shirt for each child that comes along!

Finally, on the Saturday, we have a fun day, face painting and a
barbeque for all the family—all welcome along!

How do I sign up?

Complete the form on the following
page to secure your place!

Or for more information, please contact:

Pastor Donovan (01772 725132)

Or Barbara Clark (01772 690226)

Mega Makers registration form

Please complete this form and return it to the address overleaf by 21/08

Full name:

Age:

Address:

Medical needs/
Allergies:

Parent/carer name:

Contact number:

PLEASE TURN OVERLEAF TO COMPLETE PARENTAL PERMISSIONS