



Big Nite Out – Enrolment Form

If you have not already done so, please make a reservation by email to ensure that places are available, then complete this form and bring it on the night with your child(ren).

Telephone: 021 204 3030

Email: mark.edgecombe@tac.org.nz

Child's Name _____	M/F _____	D.O.B. _____
Child's Name _____	M/F _____	D.O.B. _____
Child's Name _____	M/F _____	D.O.B. _____
Child's Name _____	M/F _____	D.O.B. _____
Child's Name _____	M/F _____	D.O.B. _____

Address _____

Phone _____

Email _____

Church (if any) _____

Do any of your children have medical conditions that we need to know about?

Name of person(s) authorised to collect child(ren) _____

Any relevant dietary information? _____

Any other relevant information? _____

Dates of attendance (date to be recorded and signed by caregiver upon arrival on the night):

Declaration

I would like my above named child(ren) to attend the event. I understand that the organisers will not accept liability for any injury my child(ren) may sustain nor for any loss of damage to their property, but every care will be taken.

Signed (Parent/Caregiver) _____

Name of Parent/Caregiver _____

We take photos of the children from time for time for reporting back to the Tawa Anglican church congregation and for our church newsletter and website, but without attaching names. Please let Mark Edgecombe know if you are not willing for photos of your child(ren) to be used in this way.