


BLUEBIRD BALL



SATURDAY 26th NOVEMBER 2016

7.30pm - 11.00pm
PITTVILLE PUMP ROOMS CHELTENHAM

DISCO • FOOD • ENTERTAINMENT • SWEETS

BLACK TIE & PARTY DRESSES

FOR MORE INFORMATION GO TO

www.nspcc.org.uk/bluebirdball

In aid of ChildLine
Registered Charity Numbers 216401 and SC037717

BlueBird BALL

FOR YEARS 8, 9 and 10

ADMISSION STRICTLY BY TICKET ONLY

No admission after 9.00pm

SECURITY WILL BE IN OPERATION

Tickets will only be available with **CHEQUE** and **SAE** and **PARENTAL CONTACT DETAILS**. (Tickets not transferable)

It is essential that parents provide their teenagers with a contact number for the evening

Early applications are recommended to avoid disappointment

Soft drinks will be for sale during the evening

Members of the committee will be present throughout the evening

Applications to be sent to: The Ticket Secretary
Badgeworth Manor, Badgeworth, Cheltenham

GL51 4UL

(Telephone applications not accepted)

Urgent enquiries only, Tel: 01452 855446

bluebirdball@hotmail.co.uk

childline

ONLINE, ON THE PHONE, ANYTIME
childline.org.uk | 0800 1111

Registered Charity Numbers 216401 and SC037717

BlueBird BALL

APPLICATION FORM

(One Application Form per person)

TICKETS £20

Office use only

CHILD'S NAME: **M/F:**

SCHOOL: **SCHOOL YEAR:**

PARENTAL EMAIL ADDRESS:

Using emails helps us to be more cost effective. Please provide your email address if you are happy to be contacted by email.
We will only contact you about the BlueBird Ball and will not pass your details on to any 3rd parties

PARENTAL CONTACT NUMBER: (Home) **(Mobile)**

(In case of emergency)

I enclose a cheque for **£20** per ticket and a stamped addressed envelope (to enable tickets to be posted)

Cheques to be made payable to **NSPCC**. Child's name(s) on reverse of cheque please.

PARENTAL CONSENT

Medical and Dietary Information – Please give details of any medical condition or food allergies of which the organisers need to be aware, including any medication. (This information will only be shared with the adults supervising the Ball)

I give my consent for any emergency medical treatment. I understand that photographs may be taken of my child at the event, and I have discussed this form with the young person concerned.

NAME (Parent/Carer) **SIGNATURE (Parent/Carer)** **DATE**