


# BLUEBIRD BALL



**SATURDAY 25th NOVEMBER 2017**

**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](http://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](mailto:bluebirdball@hotmail.co.uk)**

**childline**

ONLINE, ON THE PHONE, ANYTIME  
[childline.org.uk](http://childline.org.uk) | 0800 1111

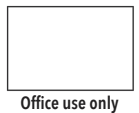
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## APPLICATION FORM

(One Application Form per person)

**TICKETS £20**



**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** .....

