This years Spring weekend will be held at Ganaway Activity Centre, Ballywalter Road, Millisle on the weekend of 23rd to 25th February. We will be staying in dormitory accommodation and our program will include Outdoor activities (optional) on Saturday. The cost of £30 will include all food, accommodation and travel. Places are limited to 38 including leaders. So please book early

Date/Time   Depart from the Halls at 6:30 on Friday 23rd February

Returning at approximately 4:00 pm on Sunday 25th

Cost   £30 - Cheques should be made payable to 1st Antrim Youth Club.

Necessities Old clothes and footwear, a change of dry warm clothing, waterproof coat, pyjamas, soap bag and a sleeping bag.

In case of Emergency you can contact a leader on the club mobile - 07821286525

IT IS IMPORTANT THAT YOUR PARENT / GUARDIAN COMPLETE THIS SLIP

If you require further information please contact Lyle Creighton (Leader) 07821286525

- -

Please detach and return to Lyle Creighton, Jason McMahon or Paula Hennessy by the 16th February 07

I hereby grant permission for _____ to be a member of the 1st Antrim Youth club Weekend to Ganaway on 23rd –25th February 2007.

I **do / do not*** permit him / her* to take part in the outdoor activities .

I note that the group will leave 1st Antrim at 6:30pm on 23rd and will return to 1st Antrim at approximately 4:00pm on Sunday 25th.

I have read the instructions issued in connection with the trip and I understand that, while the trip will be carefully supervised, the youth club leader cannot accept personal responsibility for any accident and consequent injury which may occur. I also agree that during the trip my son/daughter* will be traveling by mini-bus and/or private car.

Do you grant permission for pictures of the event which may contain images of my son/daughter to be published on the club web site . Please tick one

☐ yes   ☐ no

Please indicate below any medical condition your child may have and also the name and address of your doctor.

Medical condition _____

Name and address of doctor _____

In the case of emergency please contact _____ at _____

Signed _____

Address _____

Date _____