

MAD (Make a Difference) is an action packed weekend for teenagers and youth groups organised by the Presbyterian Youth Board. It is a fun filled, spiritually challenging event with over 400 young people from all over Ireland. As usual we will be staying in church hall accommodation and the cost of £40 includes all food, accommodation and travel.

This is always an over subscribed event and we have only been able to secure 20 places which includes leaders therefore allocation will be given on a first come first serve basis.

Date Depart from the Halls at 6:30pm on Friday 27th October
Returning at approximately 4:00pm on Sunday 29th October

Cost £40 - Cheques should be made payable to 1st Antrim Youth Club

Necessities Old clothes and footwear, “One” Change of dry warm clothing, **sleeping Bag** (we will be sleeping in Church halls), waterproof coat, torch, pyjamas, soap bag, Bible.

If Parents need any further information please contact Lyle Creighton (Leader) 07821286525

~~--- IT IS IMPORTANT THAT YOUR PARENT/ GUARDIAN COMPLETE THIS SLIP ---~~
Please detach and return to Lyle Creighton or Jason McMahon by the 20th Oct 05

I hereby grant permission for my son/daughter* _____ to be a member of the 1st Antrim Youth club MAD Weekend on 27th to 29th October 2006.

I note that the group will leave 1st Antrim at 6:30pm on 27th and will return to 1st Antrim at approximately 4:00pm on Sunday 29th.

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