

## Local group event booking form

Name of the event:	Date	e: xx/xx/xx	Location:	
Yes, we would be delighted to attend the upcoming children's event. Please reserve for me spaces.				
Child's first name:	Age:	Child's first nam	e:	Age:
Child's first name:	Age:	Child's first nam	e:	Age:
Payment and booking deadline  The event costs £XX per person. Please make sure your booking form and payment have been received by the local group by XX/XX/XX  ☐ I have enclosed a cheque with full payment of £				
☐ I have paid through online banking, having transferred £ to the XXX Local group bank account, sort code:, account number:				
Confirmation of booking  ☐ Please confirm my booking and safe receipt of my payment by email				
at:				
☐ Please confirm my booking and safe receipt of my payment by post. I have enclosed a				
stamped, self addressed envelope.				
Parent/carers details I understand that I must stay at the event and will be responsible for my child at all times. Name:				
Email address:				
Phone number:				
Other dietary requirements  If you or any of your party have additional dietary requirements (other than gluten free) please get in touch with the local group directly using the contact details below.				
Completed booking forms Please email your completed book	ing form to <u>x</u>	xxxx@coeliac.or	g.uk or post to	







