

A few more details

StreetReach will be taking place in Kilcooley Estate, using Kilcooley Church of Ireland as our base. Drop off and collection will usually be from the church.

In the evenings there will be a drop-in venture. If you are over 16 and would like to be involved, please tick here []

Child protection along with health and safety training will be given on the first morning of StreetReach.

We would encourage you to ask your youth leader to do an interview in your own church before StreetReach to make your church more aware of what is happening, and to encourage them to pray for the week.

We will be distributing flyers in advance of the week, we will let you know more of the details as the week approaches

Please like our Facebook page to keep up to date. www.facebook.com/streetreachbangor

SIZE OF T-SHIRT: (Please circle your preference)

Small Medium Large X Large

Signature-.....

(If over the age of 18 years please sign and date)

Date-

Please forward completed application form and a payment of £10 to your Youth Leader by Monday 31st March. Payment will cover the cost of StreetReach advertising, lunches, t-shirts, tools, BBQ etc.

Young Person Application Form

15th - 18th March

10am - 4:30pm

StreetReach is run and organised by Christian Youth Workers in Bangor in co-ordination with local churches and organisations.

Bangor StreetReach 2014 Application Form
(secondary school age)

First Name

Surname

Date of Birth

Full Address

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Post Code

Landline

Mobile No

Email Address.....

Name of Church.....

Name of Youth Leader.....

Previous StreetReach Experience:

Have you any previous experience of StreetReach? Y / N
If yes, please give details

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Church Leaders Recommendation:

I recommend
taking part in StreetReach Bangor 2014

Signed

Print name

Telephone

Parental/Guardian Consent:

(Only to be completed if your son/daughter is under the age of 18 by Tue 15th April 2014)

I give consent for my son/daughter to take part in the Bangor StreetReach. I give permission for emergency medical treatment to be given if next of kin cannot be contacted.

Signature:

Print Name

Date

Contact Tel. Number

Other Contact Number

Medical Details:

Does your son/daughter have any known medical details that we need to be aware of in the case of medical treatment? Please detail any history, medication or allergy that we need to be aware of:

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