



LOST CITY ADVENTURE GOLF TRIP

WHEN - Sat 2nd Feb

WHERE - Cityside Retail and Leisure Park (York Gate)

HOW MUCH - £6

WHAT TIME - 7.45-10pm

We are heading out to the The Lost City Adventure Golf in York Gate on the Sat 3rd Feb! We'll head downstairs for a wholesome Burger King afterward.

Everyone is very welcome.

Please come with a **form**, **£6** for the golf and **some money for a Burger King afterward**.

Feel free to just bring the form on the night but please let us know in advance if you are attending.

Note: The young people will need left off and picked up at York Gate

Drop off at Cityside: 7.45pm (we'll meet upstairs at the entrance to the Golf)

Pick up from Cityside: 10pm

For more info about the activity:

<https://www.lostcityadventuregolf.com/belfast/>

Directions:

<https://www.lostcityadventuregolf.com/belfast/find-us/>

The Lost City Adventure Golf is situated inside on the first floor of Cityside Retail and Leisure Park located on the Northern edge of Belfast City Centre on York Street, adjacent to the M2 and M3 motorways, for GPS use the postcode BT15 1JH.

ADVENTURE GOLF (YORK GATE)
SAT 2nd FEB 2019



Name of Church/Group Ignite

Proposed Visit or Activity Trip to Lost City Adventure Golf Date 2 / 2 / 19

Venue/Destination York Gate (First floor of Cityside Retail and Leisure Park)

Departure place and time Meet upstairs at entrance to Adventure Golf at 7.45pm

Return place and time Pick up at Burger King at 10pm

Cost £6 (plus Cheques payable to Burger King)

Transport arrangements _____

Items to be brought _____

Reply by _____ to _____

This form should be taken with the worker on the activity or visit. A photocopy should be kept securely at the church/organisation.

Reply Slip

(One form per person)

Full name of child/young person _____

Address _____

Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability that may be affected by this activity:

Telephone number for emergencies - _____ Mobile _____

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I enclose a cheque or cash to the sum of £ _____ : _____

CONSENT

I have read the above information and I give permission for _____ to take part in this activity.

I give my consent to any medical treatment that may be necessary in the event of an emergency.

During the time your child will spend with us, photographs/video recordings may be taken for general church purposes and for this we need your permission. **If you DO NOT wish to give your permission, please tick the following box.** ☐ On signing this form we will assume you have given your permission for your child's photograph/video to be taken unless indicated above or otherwise informed.

Signed _____ Date _____
(parent or adult with parental responsibility)

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB. This may not include a Foster Carer)