**September LD FUN DAY Booking Form (please complete as fully as you can)**

**Tuesday 3rd Dec 2019 – THE ZONE, Huddersfield**

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| **Service Name****and contact name** | **Telephone no.****(with any extensions)** | **Contact email** | **Attendee name****(please indicate if staff)** | **Does this person use a wheelchair/mobility aid?****(Y/N)** | **Has an up to date** Physical Activity Readiness Questionnaire**been completed for this person?****(Y/N)** | **Is there consent for photographs or filming?\*** | **Do this person have any additional requirements the organisers should know about?** |
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**\*By indicating consent I am giving permission to have my photo taken by the organisers or partners in this event which can be used in newsletters, magazines, annual reports, posters, leaflets, websites etc.**