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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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?** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**\*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.**