



## Summer Holiday Club

**On: Mon to Thurs 31<sup>st</sup> Jul – 3<sup>rd</sup> August**  
**From: 10am to 12.30pm**  
*(For ages Reception – year 5)*

*At St Peter's Church*  
 1 Thorney Lane North, Iver, Bucks  
 SL0 9JU

**Cost: £6 per session (£18 all week)**

**(To pay in advance please make cheques payable to IVER PCC and send with your booking form)**

**Book for ALL WEEK and get £6 discount**

Join us for a week of fun with the Iver parish Churches holiday club! Based on Scripture Union's Rocky's Plaice holiday club material the week will be full of games, crafts, drama, jokes, custard pies, music, DVD presentations and Bible stories from the old testament. All are welcome!! We look forward to seeing you! Book and pay online now available by link below.  
[www.eventbrite.com/e/st-peters-iver-summer-holiday-club-rockys-plaice-tickets-35140553341](http://www.eventbrite.com/e/st-peters-iver-summer-holiday-club-rockys-plaice-tickets-35140553341)

**To book a place fill in the attached booking form and return with payment to 'Holiday Club' c/o John Collins, Parish Office, St Peter's Centre, 1 Thorney Lane North, Iver, SL0 9JU. Or book through link above.**

**For more details contact:**

**John Collins      01753 651001 or 07572536475**  
 Email [stpetersandstleonardsyouth@gmail.com](mailto:stpetersandstleonardsyouth@gmail.com)  
 Or [office@iverparishchurch.org.uk](mailto:office@iverparishchurch.org.uk)



## REGISTRATION FORM

**Days attending (please circle days attending)**  
**Mon    Tues    Wed    Thurs**

I give permission for my son/daughter to attend Rocky's Plaice

Name:.....

Address:.....

.....Tel No:.....

Email address .....

Date of Birth:.....Age.....School Year.....

School attended.....

Church connection (if any).....

Parents names.....

Emergency contact person.....Tel No:.....

Name of G.P.....Tel No.....

Details of any known allergies or medical conditions etc.....

- In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated first aider, or by suitably qualified medical practitioner. Should my son/daughter require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me.
- I give permission for my child to have their picture taken for website or local publicity.
- I give permission for these details to be kept on a data base for the sole purpose of holiday club and special event publicity.

Signature..... Date.....  
 (Parent/Guardian)