



# summer Programme

Please complete one form for each young person wishing to attend the Summer Programme.

## NAME OF YOUNG PERSON ATTENDING

First name

Last name

School Year

D.O.B.

## PARENT/GUARDIAN CONTACT DETAILS

Name

Phone

Email

Address

## SESSIONS ATTENDING

Please mark with [x] the sessions young person would like to attend

WEEK 1    Tues 23 July

Thurs 25 July

WEEK 2    Tues 30 July

Thurs 1 August

WEEK 3    Tues 6 August

Thurs 8 August

WEEK 4    Tues 13 August

Thurs 15 August

WEEK 5    Tues 20 August

Thurs 22 August

Young Person's School

How did you hear about 4YP's Summer Programme?

When completed please save and email the form to: [youthteam@4yp.org.uk](mailto:youthteam@4yp.org.uk)

or print out and drop off to us at: 4YP, 14 Lower Brook St, Ipswich IP4 1AP.

RETURN FORMS BY FRIDAY 19 JULY

THANK YOU!