

# Imprint



**BCF Youth Weekend**  
**March 26th - 28th 2010**  
Woodcroft Christian Centre, Chepstow

## **BCF Youth Weekend 2010**

### **What's it all about?**

What marks us? What makes us distinctive? What influences us? Who do we influence? What imprints are there on our lives? What imprints do we make on the world around us?

Join us as we look at how we let Jesus change us so we can change the world around us.

### **Date & Location**

26th -28th March 2010  
Woodcroft Christian Centre, Chepstow  
[www.woodcroft-online.org.uk](http://www.woodcroft-online.org.uk)

### **Cost**

£40 per person. **The booking deadline is March 19th.** There are limited spaces on this weekend, so book early! Cheques to be made payable to 'BCF'. Please send completed booking/medical form and payment to the BCF Office:

Youth Weekend  
Bristol Christian Fellowship  
29 Gloucester Road  
Almondsbury  
Bristol, BS32 4HH

### **What to Bring**

Sleeping bag, pillow case, indoor shoes, plus all the other normal things you would take with you for a weekend. You will be contacted closer to the event with further details.

### **Contact Info**

For more information, please contact Ruth McConnell at the BCF Office:

01454 613305  
[ruthmccconnell@bcfnet.com](mailto:ruthmccconnell@bcfnet.com)

## Booking Form

Name:

Address:

Telephone Number:

E-mail Address:

Date of Birth:

I would prefer to be contacted about the weekend by e-mail / post\*

Please find enclosed a cheque for £40, payable to BCF.

(For young people under 18)

I give permission for my son / daughter\*

\_\_\_\_\_ to attend the BCF Youth

Weekend, from the 26th to the 28th of March 2010.

Signed \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_

\*Delete where appropriate.

## Medical/Consent Form

For those under 18, this form must be completed by a parent or guardian; for those 18 or over, you may complete it yourself.

Name of young person \_\_\_\_\_  
(If 18 or over skip to 'Medication' section.)

Please read carefully, and if applicable delete any of the following statements which you do NOT consent to.

### Use of Images from the Weekend

- I give permission for my child to be included in photos/videos taken of the weekend's activities, and for those photos/videos to be shown within BCF, and/or on the BCF website.

### Emergency Medical Treatment

- In an emergency if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic.

### Medication

Please indicate any medical information we may need to know:

### Dietary Requirements

Please indicate any special dietary requirements you have:

Emergency Contact No \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_