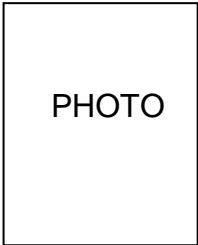




Membership/Holiday Form 2022

Equal Opportunities for People
with Learning Difficulties / Disabilities



Personal Details

Mr/Mrs/Miss/Ms: _____ First Names: _____ Surname: _____
Age: _____ Date of Birth: _____ School/College/Centre _____
Address: _____
Town: _____ Post Code: _____ Home Tel: _____
Mobile: _____ email: _____

Carer / Parent / Guardian Details

Name of Organisation (if Applicable): _____
Mr/Mrs/Miss/Ms: _____ First Names: _____ Surname: _____
Address: _____
Town: _____ Post Code: _____ Home Tel: _____
Emergency Contact: _____ Mobile: _____
email: _____

Support Details - Please use a blank sheet for additional information

Medical diagnoses: _____
Behavioral issues: _____
Special Dietary Needs: _____
Allergies: _____
Emergency Contact: _____