

PLEASE RETURN FORMS TO:  
S. MacDonald, 5 Graeme Park  
HOLM, Orkney KW17 2RG

Any queries contact:  
Cameron Stout, The Voe  
STROMNESS, Orkney, KW16 3EP  
Tel. 01856 850507  
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WESTRAY CAMP 2019

THY KINGDOM COME



MONDAY 8<sup>th</sup> July to THURSDAY 11<sup>th</sup> July

“TEACH US LORD HOW TO PRAY.”

# Orkney Camp - Westray 2019

We've got another exciting camp ahead of us this year. ...

**Where:** Pierowall School, Westray

**When:** Monday 8<sup>th</sup> July - home on Thursday 11<sup>th</sup> July

Please drop off your child(ren) at Kirkwall pier at 9am on Mon 8<sup>th</sup> July. Children to be collected from Kirkwall Pier at **7.15pm on Thursday 11<sup>th</sup> July.**

**Age Range:** Those currently in P3 (Minimum 8 years old) to S1

**Cost:** £60 for first family member, others £50  
Day visitors welcome at £10 per day.

**(Please make cheques payable to Kirkwall Baptist Church)**

So check your holiday dates, fill in the application form opposite, send it to the address on the reverse of this form as soon as possible and get ready for ...

# WESTRAY CAMP 2019

1. Name of young person ..... Date of Birth ..... Age .....
2. Address .....
3. Telephone number(s) where parent/guardian may be contacted:-  
Day ..... Evenings ..... Other .....
4. It is important that leaders have information about any medical condition that could affect emergency treatment. This will be treated confidentially. It is in the interests of your child that full and accurate information is given.
  - a) Recent surgery for ..... Date .....
  - b) Any known allergy to medicine (e.g. penicillin) .....
  - c) Is the young person undergoing treatment by a doctor? (if so, please give details)  
.....
  - d) Any condition a doctor should know about before carrying out treatment (e.g. asthma)  
.....
  - e) Please state any restrictions you wish to place on medical treatment or activities  
.....
  - f) Family Doctor .....  
Address ..... Tel. ....
5. Does the above named have any special dietary needs e.g. diabetic, vegetarian etc.?  
.....
6. Declaration  
I wish the above named to attend Summer Camp. I have read the information issued and understand the nature of the activities and consider my child fit to take part. He/she does not suffer from any medical condition not stated above. I hereby consent to emergency medical or surgical treatment including where necessary a local or general anaesthetic.  
  
Name of Parent / Guardian (BLOCK CAPITALS) .....  
Your email address.....  
  
Signature ..... Date .....