**Please email this completed form to** [**writing@ministryofstories.org**](mailto:writing@ministryofstories.org) **with the name of the project you would like to attend in the subject box.**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date of birth:** |  |
| **School:** |  |

|  |  |
| --- | --- |
| **Please detail whether you would like to attend The Space Race or Migration Tales:** |  |
| **Home address:** |  |
| **Parent/guardian name and relation to young person:** |  |
| **Parent/guardian contact number:** |  |
| **Parent/guardian contact email:** |  |
| **Dietary requirements:** |  |
| **Health and learning needs we should know about:** |  |
| **Parent/guardian signature consenting for the young person’s attendance 5th - 10th August 11:00 am - 1:00pm and for their work to be published featuring their first name:** | **Name:**  **Signature:**  **Date:** |