**Please email this completed form to** **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:** |