

PINNT get together & information day Saturday 10th August 2019

| Name: | |
|------------|--|
| Address: | |
| Postcode | e Tel No: |
| Email: | |
| I / we* | will / will not* be attending the PINNT get together & information day * delete as |
| | Number of adults Number of children |
| Please lis | st name(s) and age(s) of all children attending: |
| Special d | lietary requirements: will not be eating, please state their name: |
| Does any | one in your group have an allergy we should be aware of (i.e. latex, peanuts etc?): |
| | Please list anyone in your group who does <u>not</u> want to be included in any photos or videos: |
| | If you are attending our event, tickets will be issued two weeks prior to the event. These must be brought on the day of the event. |
| | ing this form you are consenting to receive further information, any significant changes for this event. |
| Signed: | Date: |
| Print nan | ne: |
| | |

If you have any questions regarding this event, please contact Sylvia on: Tel: 01223 880616 or email her on scottee@pinnt.com



Please return your reply slip no later than Monday 29th July 2019:

By post: PINNT, 12 Garden House Estate, Crawcrook, Ryton, NE40 4PN or email: sbrown@pinnt.com