

**HCYB's Fairthorne  
20 – 22 September 2013**



**DIET REQUIREMENTS**

Special dietary needs: .....

.....

I am allergic to the following foods: .....

.....

**PARENTS' WHEREABOUTS 20-22 September 2013**

Member's Name (please print) .....

Parents' Names .....

Home Address .....

.....

..... Post Code .....

Tel No. .... Mobile Nos. ....

.....

E-mail address.....

**Holiday/Other Contact Address(es)**

1. Dates .....

Contact Details .....

.....

Telephone Nos. ....

2. Dates .....

Contact Details .....

.....

Telephone Nos. ....

Please return to:  
Emma Davis  
Hampshire Music Service  
Rookwood Centre  
Penshurst Way  
Eastleigh SO50 4RJ