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**FAMILIES for FAMILIES DAY - Saturday 23rd April 2016**

**The Hilton Birmingham Metropole Hotel**

**National Exhibition Centre, Birmingham B40 1PP**



**Registration Form**

**Name(s) of people attending aged 18 or over**

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2.................................................................................................................................................

3.................................................................................................................................................

4.................................................................................................................................................

**Children and Young People under the age of 18**

For those aged under 18, we will be running 3 groups all professionally supervised and managed. The groups will be aimed at ages 0-8 (Group1), 8-12 (Group 2) and 13-18 (Group 3) but these ages are only a guide – you can choose.

If you would like your son or daughter to be in one of these groups, please circle which group after their name and age.

**If you choose Group 1, this year we have the option of them being in a separate but nearby room with as usual, a team of qualified childminders and nursery workers. Please indicate with a √ if you would be happy for them to be in a group in a nearby room.**

1......................................................................... Gender...M/F.....Age........ Group 1 2 3

2..........................................................................Gender...M/F.....Age........ Group 1 2 3

3..........................................................................Gender...M/F.....Age........ Group 1 2 3 4..........................................................................Gender...M/F.....Age........ Group 1 2 3

**Lead Contact Address**.............................................................................................................

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Telephone................................................Email.........................................................................

**Dietary Requirements** (please indicate as appropriate)

[ ] None [ ] Vegetarian [ ] Vegan [ ] Halal [ ] Other – see below

Please give any other special dietary information or any other special needs or requirements

**Parking -** Please tick here [ ] if you require a “Disabled” parking space at the venue

**Photographs and video -** NSA would like to take photographs and video recordings at the event for promotional purposes including press releases, NSA publications or on the NSA website. We will not use the images taken for any other purpose. **By ticking this box [ ] and signing this form, you give permission** for you and, as their legal parent or guardian, for your child/children to be photographed for NSA promotional purposes. There will be no payment and you can withdraw this permission at any time by contacting the NSA Charity Manager. If you would prefer **not** to give this permission, please tick this box [ ]

Signed............................................................................................................................

Please return completed form to **NSA, 12 Talbot Close, Shifnal, Shropshire, TF11 8SG**

or email the completed form to [**info@noonansyndrome.org.uk**](mailto:info@noonansyndrome.org.uk)