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| C:\Users\loren.freeland\Local Settings\Temporary Internet Files\Content.Outlook\V80YVELO\BeaconFest Logo.png  **Saturday 6th July- 12pm-5pm**  **APPLICATION FORM** | |
| Name: | Address: |
| School/College: | Year: |
| Emergency Contact Number: |  |
| **Number of tickets required** |  |
| Adult Tickets | Young Person Tickets |
| **Please note: If your young person is Year 12 or above and attending this event alone, please read and ‘x’ the box below to agree to the following:**  I am aware that this event is not a fully staffed event for each individual attending, therefore I can acknowledge that the young person attending is responsible to attend this event without adult supervision.  Please mark ‘x’ to agree:  Please email applications to: beaconfest@thebeacon.kent.sch.uk | |