



## Knock Reunion Booking Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I give my consent for my child \_\_\_\_\_ to take part  
in the Knock Reunion at Raywell Park, Raywell, East  
Yorkshire, on Saturday 9th and Sunday 10<sup>th</sup> March 2024.

Parents/ guardians signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Any medical or dietary information we will need for the  
weekend: \_\_\_\_\_

I have paid £40 to Link Up Holidays to cover the cost of the  
weekend by bank transfer.

Sort Code: 40-39-11

Account Number: 81069241

Please return this form to Claire Smith

8 St Mary's Avenue, Welton, Lincoln, LN2 3LN

or email to: [linkupcampers@gmail.com](mailto:linkupcampers@gmail.com).

by 29th February to secure your place.

Registered Charity No.: 1020197      [www.linkupholidays.org.uk](http://www.linkupholidays.org.uk)

Email: [linkupcampers@gmail.com](mailto:linkupcampers@gmail.com)