



I would like to come to the
Rockinghorse Children's Christmas Party
At the Hilton Brighton Metropole Hotel
On Thursday the 21st of December 2017
12.00pm—3.00pm



DATE APPLICATION FORM COMPLETED:

Name of Patient : _____ Age: _____

Reason for hospital visit and date of last visit/admission:



Do you have any special requirements (access/medical requirements/dietary)?

Name of primary carer/ relationship (must be over 18 & be present throughout the party)

Email address (please write clearly)

Address

Postcode _____ Contact Number _____

Please give details (name, age and relationship to patient) of others attending the party. **(Please note that tickets are for the patient and their siblings and a maximum of two adults per family)**

There will be photographers at the Christmas party from the Brighton and Sussex NHS Trust and hopefully from Local newspapers, please indicate whether you are happy for you & your party to be photographed: **Yes/No** (please circle)

Signature: _____ Date: _____

Please return by the 24th of November

The Play Team