

**Printable Membership application and booking form
Holiday Endeavour for Lone Parents
Membership Secretary
52 Chequer Ave,
Hyde Park. Doncaster,
DN4 5AS.**



Tel; 0130 2365139.

Email: janice@help.fslife.co.uk Website: www.helphols.co.uk
Registered Charity No. 507561

Dear Holidaymaker,

In order to take advantage of the reduced cost holidays in the enclosed booking forms you need to join our club. Membership cost at present is £5 per year, which runs from January 1st to the December 31st. Other benefits are Birthday cards for children up the age of 14, newsletters three times a year, and a penpal scheme if you wish to join.

The following year's booking forms are sent to each current member as soon as they are available, but you must rejoin for the holiday year before you can book. If you wish to join, please print off this page, complete the forms and return them with your £5 postal order/cheque and a stamped self-addressed envelope, to the above address. A membership card will be issued on receipt of the fee.

Please Note that postage is affected by the size of your envelope when sending for information. Please ensure that you add the correct postage because as a charity we are unable to pay the extra charges required by the Post Office.

We regret that we are not currently set up to take internet forms or payments.

PLEASE HELP OUR EQUAL OPPORTUNITIES MONITORING BY CIRCLING THE APPROPRIATE ITEMS

Able-bodied ___	Disabled ___	Special needs ___	
Ethnic origin			
White ___	Irish ___	Chinese ___	Black Caribbean ___
Asian ___	Indian ___	Pakistani ___	Black African ___
Black Other ___	Mixed Race ___	Other ___	

THE INFORMATION YOU SUPPLY IS IN THE STRICTEST CONFIDENCE AND WILL ONLY BE USED TO COMPLETE STATISTICS

Thank you very much

MEMBERSHIP APPLICATION FORM

I am /1 am not a lone parent and have a child/children under 18 years old. I do not have the support of a (live in) partner.

I wish to join the H.E.L.P. Holidaymaker Club.

NAME (Mr/Mrs/Miss/Ms)

ADDRESS

.....

.....

POSTCODE

TELEPHONE.....

EMAIL

My children, living at home are as follows:-

NAME AGE..... D.O.B...../...../.....SEX.....

NAME AGE..... D.O.B...../...../.....SEX.....

NAME AGE..... D.O.B...../...../.....SEX.....

NAME AGE..... D.O.B...../...../.....SEX.....

NAME AGE..... D.O.B...../...../.....SEX.....

NAME AGE..... D.O.B...../...../.....SEX.....

I confirm that all the above details are true:

SIGNATURE.....

DATE.....

Please remember to enclose your £5 fee and a self addressed and stamped envelope. Postal Order/Cheque should be made payable to H.E.L.P.

Return your completed forms to:

Membership Secretary, 52 Chequer Ave, Hyde Park. Doncaster, DN4 5AS.

Tel; 01302 365139.