

**IF YOU ARE INTERESTED IN BECOMING A COMMITTEE MEMBER AND / OR WOULD LIKE TO HELP OUT AT FUNDRAISING EVENTS I.E. DISCO'S, SPONSORED WALK ETC, PLEASE COMPLETE THIS FORM**

NAME: .....

ADDRESS: .....  
.....  
.....  
.....

TEL NO: .....

MOBILE NO: .....

EMAIL ADDRESS: .....

PLEASE CIRCLE WHICH PLAYGROUP YOUR CHILD / CHILDREN ATTEND (IF ANY):

BAYNARDS                      MILLDENE                      URC

PLEASE RETURN COMPLETED FORM TO YOUR PLAYGROUP LEADER

THANK YOU

**(NOTE TO PLAYGROUP LEADERS – PLEASE RETURN TO SARAH WALKER – SECRETARY)**