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**York Older People’s Assembly**

**St Sampsons Centre, Church St, York, YO1 8BE**

**Registered Charity 1101018**

yorkolderpeoplesassembly@outlook.com

[www.yorkassembly.org.uk](http://www.yorkassembly.org.uk/)

**Form A: Festival event/s application**

Please complete digitally if possible to minimise errors. Click on the form, type and save it with your admin. contact’s surname or event title added to the file name and return **by 21st July** by email to yorkfiftyplus@gmail.com

We are asking each event organiser to pay **£10** to contribute to the brochure printing costs. (If you are a business sponsor or advertiser the cost of including any event(s) in the brochure is covered by the sponsorship package you have chosen so no additional fee required.)

Please pay the £10 fee by BACS to YOPA bank account: **77997668 sort code: 30-99-50. (**Add ref 50+ and your admin contact surname). If you prefer to pay by cheque please make payable to YOPA and send to **YOPA, St Sampson’s Centre, Church Street, York, YO1 8BE** together with a copy of this form.

In order to publicise the success of the Festival and promote it again next year, we would like photos of as many events as possible but please first do ensure you have the consent of the participants. Please indicate if you are able to do this: **I am able to arrange our own event photographs:**  **YES / NO**

**Organisation / Group Name**…………………………………………………………………………

**Contact info. for admin. purposes:**

Name……………………………. Phone………………… Email………………………...............…

**Public contact info. for the events brochure:**

Name………………………....... Phone………………….and / or email………………...…………

and / or website address………………………………………………………………………………

**Details for brochure inclusion:**
Title of event 1…...……………………………………………………………………………………...

Venue (full address, including postcode / online joining instructions) ………………..................…………………...........................................................................................................................

Date / dates………….........…Start Time……...…...End Time...................Cost, if any…….........

Access (please delete as appropriate)

Wheelchair access; Yes / No Accessible toilet; Yes / No Hearing loop; Yes / No BSL interpreter; Yes / No Blue Badge Parking; Yes / No

**Description of Event** (**50 WORDS MAX. INCLUDING TITLE**) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Are numbers limited / is booking advised or essential?**

**If you are organising more than one event please continue with the details here**

**Organisation / Group Name**…………………………………………………………………………

Title of event 2…...…………………………………………………………………………………….

Venue (full address, including postcode / online joining instructions) ………………..................…………………...........................................................................................................................

Date / dates………….........…Start Time……...…...End Time...................Cost, if any…….........

Access (please delete as appropriate)

Wheelchair access; Yes / No Accessible toilet; Yes / No Hearing loop; Yes / No BSL interpreter; Yes / No Blue Badge Parking; Yes / No

**Description of Event** (**50 WORDS MAX. INCLUDING TITLE**) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Are numbers limited / is booking advised or essential?**

Title of event 3...……………………………………………………………………………………...…

Venue (full address, including postcode / online joining instructions) ………………..................…………………...........................................................................................................................

Date / dates………….........…Start Time……...…...End Time...................Cost, if any…….........

Access (please delete as appropriate)

Wheelchair access; Yes / No Accessible toilet; Yes / No Hearing loop; Yes / No BSL interpreter; Yes / No Blue Badge Parking; Yes / No

**Description of Event** (**50 WORDS MAX. INCLUDING TITLE**) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Are numbers limited / is booking advised or essential?**

Title of event 4...……………………………………………………………………………………...…

Venue (full address, including postcode / online joining instructions) ………………..................…………………...........................................................................................................................

Date / dates………….........…Start Time……...…...End Time...................Cost, if any…….........

Access (please delete as appropriate)

Wheelchair access; Yes / No Accessible toilet; Yes / No Hearing loop; Yes / No BSL interpreter; Yes / No Blue Badge Parking; Yes / No

**Description of Event** (**50 WORDS MAX. INCLUDING TITLE**) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………