



# Activity day for kids; Saturday, 15<sup>th</sup> April 2023 at\_Vincent's Eco Estate, Trejqa tal-Qanfud, Żebbieħ L-Mgarr

### Program 10am-2pm

Meet & greet (muffin, tea & coffee)

**Chicken feeding** 

Easter egg hunt

Parents' support talk with the Department of Nutrition and Dietetics – Mater Dei Hospital

Finger food & drink (parent & child)

Create your keepsake nature wreath!





#### **Easter Kids' Event Terms and conditions:**

- 1. The event will be held, weather permitting; should inclement weather prevent the organizers from holding the event, all monies paid will be refunded.
- 2. The venue limits the number of participants; hence applications, including the payment due, will be accepted strictly on a "first come, first served" basis.
- 3. If the minimum number of kids for the activity is not reached (minimum 15), the activity may be cancelled. In this case, payments made will be refunded.
- 4. There is no limit to the number of children that may be included in any one application, provided they are between the ages of 5 and 12.
- 5. At least one parent from every family must be present during the event.
- 6. A WhatsApp chat will be created for the event to keep everyone posted should inclement weather prevent the event.
- 7. Only gluten-free food from known suppliers will be served during the event.
- 8. The fee per child is €20, all-inclusive; this is solely thanks to the sponsorships of Glutenfreebiss and Schär (V.J. Salomone Consumer Lines Ltd) and the Association subsidizing the event.

9. The attached booking form, together with the consent form and appropriate payment, must reach the Coeliac Association at the following address: Coeliac Association – Malta, PO Box 72, 42, Triq Rodolfu, Tas-Sliema SLM 1275 by not later than Monday, 10<sup>th</sup> April 2023

10. Bookings by telephone or without the appropriate payment will not be accepted.





## **BOOKING FORM**

CHILD FIRST NAME:		CHILD SURNAME:
DATE OF BIRTH (CHILD):		NAME OF GUARDIAN:
TEL/MOB NUMBER:		MEMBERSHIP NUMBER (GUARDIAN):
HOME ADDRESS:		
E-MAIL ADDRESS:		SIGNATURE OF GUARDIAN:
Do you want to be ADDED TO THE EVENT WHATSAPP CHAT:		
YES NO		
BOV internet banking	BOV mobile to mobile	Money Order
AMOUNT PAID:		RECEIPT NUMBER:

#### **EVENT PAYMENT DETAILS**

**Cheques are to be made payable to** <u>Coeliac Association Malta</u> Mailed to PO Box 72, 42, Triq Rodolfu, Tas-Sliema SLM 1275

Money Order purchased from Malta Post plc

Mailed to PO Box 72, 42, Triq Rodolfu, Tas-Sliema SLM 1275

**Mobile to Mobile payment to 79815671** for all those who maintain accounts with Bank of Valletta

For Bank Transfer to the Associations' account kindly find the relevant Bank Details

below:

Beneficiary Name: Coeliac Association Malta Bank: Bank of Valletta San Gwann IBAN: MT05 VALL 22013 0000000 40023463833 Account number: 4002 3463 833 Bank's BIC/Swift Code: VALLMTMT





We regard your privacy as important and we shall comply with the Maltese Data Protection Act. We will only use any personal information herein contained for the purpose for which it is provided. By submitting this form, you acknowledge that the Coeliac Association Malta and Mater Dei Hospital will have access to it, and consent to such use.

## **PHOTO/VIDEO CONSENT FORM**

Please tick Yes or No as appropriate

I consent to CAM and Mater Dei Hospital taking photos during the Easter event and storing them on their private database for archiving purposes.

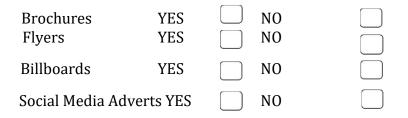
YES

NO

I consent to CAM and Mater Dei Hospital using photos from their archive on social media or their website.



I consent to CAM and Mater Dei Hospital using photos from their archive as part of promotional materials on:



We might record videos during the event for media purposes. Could you please confirm whether you consent to videos of your child being used?

I consent to CAM and Mater Dei Hospital taking a video to post on social media.

NO YES

Guardian's Signature

Date