



**XP SUPPORT GROUP**

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Registered Charity No: 1075302

**The Owl Patrol 8-11 February 2002  
Camp Registration Form**

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_

Postcode \_\_\_\_\_ Country \_\_\_\_\_

Telephone (include country code if outside UK) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Other family members who will attend (please provide names and ages)

While there is no charge for patient campers and one accompanying adult, we do ask for a contribution of £10 for each additional person. Please include this with your application. You will be asked to confirm your application in September 2001. If you cannot attend at this point your cheque will be returned. **Cheques should be made payable to the XP Support Group.** Those who require financial assistance to attend should apply to the Trustees as soon as possible.

Please note places will be allocated on a first come – first served basis.

If you require any further information, please contact **Sandra Webb** at the address above.