

**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/)

**2024 Event application form**

Please complete (digitally, not by hand so there is less chance of making a mistake transcribing, just click on the form, type and save the form with your name or event added to the file name) and return **by email** by **21 July** to yorkfiftyplus@gmail.com **plus** send a paper copy + £6 entry for each event (cheques payable to *York Older People’s Assembly*) to: YOPA, St Sampsons Centre, Church St, York, YO1 8BE or pay by BACS to Sort Code:309950 Account: 77997668

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, please indicate if you are able to arrange your own photographer, if not we will try to arrange one. **I can arrange my own photographer**: yes / no

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

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

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

**Public Contact info. for the 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?**

**Please state number of events if more than 1 and continue on another page / more pages if needed**

**York 50+ Festival 2024 Event application form – page 2**

**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**) ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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

**York 50+ Festival 2024 Event application form – page 3**

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

Title of event 5...……………………………………………………………………………………...…

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 6...……………………………………………………………………………………...…

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 7...……………………………………………………………………………………...…

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?**