



Asperger's syndrome
F O U N D A T I O N

Asperger's Syndrome Foundation Saturday Social Club 2019 Dates

Communicating
interest



through shared

When is it?

WILL BE RUNNING ON THE FOLLOWING SATURDAYS IN 2019:

JAN 19TH FEB 23RD MAR 16TH APRIL 13TH MAY 18TH JUNE 15TH

SEPT 21ST OCT 19TH NOV 23RD DEC 14TH (LAST OF THE YEAR AND XMAS PARTY)

TIME: 12.45 – 4.15 PM



Where is it?

THE GROSVENOR CHAPEL
FUNCTION ROOMS
24 SOUTH AUDLEY STREET, MAYFAIR, LONDON W1K 2PA

(Entrance is via the blue door at the rear of the right end side of the church)

TUBE: Bond Street (Central Line)

BUS: Either on PARK LANE (Between Grosvenor House Hotel and Dorchester Hotel)

Or on OXFORD STREET (opposite SELFRIDGES Store) North Audley Street becomes South Audley Street. (You walk past the American Embassy)

For more information: debbie@aspergerfoundation.org.uk

In Emergency, on day of the Saturday Club ONLY: **07739468354**





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Who is it for?

IT IS OPEN TO ADULTS DIAGNOSED WITH A.S. AGED 18-30 YEARS OLD (HIGH FUNCTIONING ASPERGER'S ONLY).

ONLY ON RECEIPT OF YOUR REGISTRATION FORM WE WILL CONFIRM YOUR PLACE BY EMAIL. PLACES ARE LIMITED – **BY INVITATION ONLY**

What to expect?

■ THE SOCIAL CLUB WILL MEET ONCE A MONTH ON SATURDAY AT 12.45 – 4.15 PM
LUNCH IS NOT PROVIDED (YOU CAN BRING YOUR OWN).

■ THE PROJECT OF THE WORKSHOP WILL BE BASED ON CREATIVE ACTIVITIES THROUGH THE USE OF DRAMA, ART, VARIOUS MEDIA AND DISCUSSIONS

■ PARTICIPANTS SHOULD ATTEND ALL SESSIONS AS THEY WILL WORK ON A PROJECT TO BE PRESENTED AT THE END OF THE YEAR.

More Information

■ YOU MAY COME WITH A SUPPORT PERSON TO DROP YOU OFF AND COLLECT YOU AT THE END OF THE SESSION

■ PLACES ARE LIMITED

■ PLEASE RESERVE YOUR PLACE AS EARLY AS POSSIBLE

■ FOR FURTHER INFORMATION PLEASE EMAIL:

debbie@aspergerfoundation.org.uk

■ BY INVITATION ONLY. MAXIMUM 20 PARTICIPANTS (18-30 YEARS OLD). HIGH-FUNCTIONING ASPERGER'S ONLY.



PLEASE FILL IN THE ATTACHED FORM AND SEND IT TO:

Asperger's Syndrome Foundation, SEND IT BY email debbie@aspergerfoundation.org.uk

(TO SECURE A PLACE PLEASE SEND THIS FORM AS SOON AS POSSIBLE / ONLY ON RECEIPT OF YOUR REGISTRATION FORM WILL WE CONFIRM YOUR PLACE BY EMAIL)

Name _____ Age _____ Date of Birth _____

Phone Number _____ Email _____



Asperger's syndrome

F O U N D A T I O N

Parent's/Carer's Name (optional) _____

Address

_____ **Post Code** _____

PARTICIPANTS SHOULD TRY AND ATTEND ALL SESSIONS, AS THEY WILL WORK ON A PROJECT TO BE PRESENTED AT THE END OF THE YEAR.