



Attending person details				★ means required	
Organisation:		Group Type:	<input type="checkbox"/> Scouting	<input type="checkbox"/> Girlguiding	<input type="checkbox"/> Faith Group
Contact name:	★		<input type="checkbox"/> Sport Team	<input type="checkbox"/> Corporate	<input type="checkbox"/> Individual
Address:	★	Telephone:	★		
		Mobile:			
Postcode:	★	E-mail:	★		

Next of kin details				Please provide details of a emergency contact:
Name:	★	Relationship:	★	
Address:	★	Telephone:	★	
		Mobile:		
Postcode:	★	E-mail:	★	

Course			
Title of Course:	★	Course code:	
Dates attending:	★		

Course medical		If you are doing a course, please read the following and tick where appropriate:
<input type="checkbox"/> I consider myself fit and health for participating in the above course	<input type="checkbox"/> I will contact Eaton Vale about any pre-existing or new injury's before the course starts.	
Declared medical details:		
Dietary requirements:		

Declaration			
Signature:	★	Date:	★
		Deposit included:	£
Signed by:	<input type="checkbox"/> Signed by the candidate (aged 18+ only) <input type="checkbox"/> Signed by next of kin (Parent / Guardian)		
<small>By signing the above (your name if using an electronic form), you agree and have read the terms and conditions including payment of all cancellations and charges where applicable. You understand that the deposit (stated at the top of this form) is non refundable.</small>			