



Responsible adult for event (main contact)				★ 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:	★		

Event			
Title of Event:	★	Event code:	
Dates attending:	★		
No. of adults attending:	★	No. of youths attending:	★

Attending						Please put down below those who will be attending:
First name:	Second name:	DOB:	Age:	Medical / Dietary requirements:	Gender?	
					<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> M <input type="checkbox"/> F	
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					<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> M <input type="checkbox"/> F	
					<input type="checkbox"/> M <input type="checkbox"/> F	

If you need to add more names, please use another form and attach to this form.
Please contact if you have any attending who cannot have their photos taken for marketing.

Declaration			
Signature:	★	Date:	★
		Payment included: £	★
Signed by:	<input type="checkbox"/> Signed by the main contact <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 full payment is required and is non refundable.</small>			