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One Day Activity

This part is to be retained by the parent/guardian. The lower part of this form should be completed by the parent/guardian and returned to the Section Leader by the date shown.

Section			
Planned activity			
Date		Location	
Meet at (location)		Time	am/pm
Collect from (location)		Time	am/pm
Cost £		Cheques made payable to	required by
Transport arrangements		Please bring/wear...	
Additional information			
Leader		Telephone	
Home Contact		Telephone	
		Mobile	
✂ -----			
Please return by <input type="text"/> in an envelope marked <input type="text"/>			
Name of young person			
Please state if the named young person has a disability or condition which might be affected by this activity For example hayfever, travel sickness, food allergies, asthma, etc.			
Please indicate details of any medical treatment she/he is having at the moment			
Telephone		Mobile	
I enclose the cost of the activity £ <input type="text"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> (please indicate by ✓)			
I have noted the arrangements above and agree to the named young person taking part in activity.			
Signed		Date	
Relationship to young person			