

Staffordshire Scouting

County Mountain Activities Committee (CMAC) Booking Form

Details of Course	Personal Details
Course Code:	Mr/Mrs/Miss/Ms
Course Date & Venue:	Surname
Training requested	Forenames D.O.B Address
	Post Code Phone number Email
Scouting Details	Medical information
Appointment	Any Medical conditions that may affect you on the Training
Group	
District	* This information will not be kept on the database *
Home Contact Details:	This form should be sent to:
Your Home contact details for use whilst on the Activity	Pete Nottingham Course Administrator 57 Falmouth Avenue Weeping Cross Stafford ST17 0JG
	TEL: 01785 613587 or 07961509753
	Email: pete.nottingham@ntlworld.com
	If you have not received an acknowledgement within two weeks please contact Pete
ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN 14 DAYS PRIOR TO THE COURSE	
ALL boxes should be completed and signed by applicant	
I wish to apply for the above Course and have no objection to personal data relating to my membership of the Scout Association being held on computer.	
Signature or acknowledgment of Applicant	
Date	

Revised Sept 2007