



DORSET SCOUTS - BOOKING FORM

BELLEWAERDE 2019

Details of Young Person

| | | | | | |
|------------|--|-----------|--|---------------|--|
| First Name | | Surname | | Date of Birth | |
| Address | | | | Town | |
| County | | Post code | | Nationality | |
| Email | | | | Phone no. | |
| District | | Group | | Section | |

Next of Kin

| | | | | | |
|------------------------------------|--|---------|--|-------------|--|
| Name | | Surname | | Contact Tel | |
| Relationship to young person | | | | | |
| Address (if different from above.) | | | | | |

Personal Information

| | |
|---|--|
| Doctor's Name & Contact details | |
| Details of any Medical conditions, disabilities, allergies or cultural needs. | |
| Details of any Special dietary requirements. | |

Data Protection Act

Information given on this form will not be entered onto a computer unless required by Administrators. This form will be kept in a secure place and destroyed after the trip.

Parent/Carer Declaration

| | | | | | |
|--|-----|--|----|------------|--|
| Young person can be photographed | Yes | | No | | |
| <i>I have read the Data Protection statement above and hereby give my consent for the above named young person to travel to Belgium with Dorset Scouts between 4th – 5th May 2019</i> | | | | | |
| <i>If it becomes necessary for the above named young person to receive medical attention and I can not be contacted to authorise this. I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities.</i> | | | | | |
| Signature | | | | Print Name | |

Payment Advice

| | |
|---|--|
| I enclose a deposit of £40 and agree to pay the staged payment of £50 by 31 Oct 2018 and the balance of £50 by 31 st January 2019. | |
| Signature | |
| Please make cheques payable to; | |

Places are limited and are issued on a first come basis. Book early to avoid disappointment.