



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	
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Planned activity	
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Date		Location	
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Meet at (location)		Time		am/pm
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Collect from (location)		Time		am/pm
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Cost	£	Cheques made payable to		required by	
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Transport arrangements	Please bring/wear...

Additional information

Leader		Telephone	
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Home Contact		Telephone	
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Mobile	
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✂ -----
 Please return by in an envelope marked

Name of young person	
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Please state if the named young person has a disability or condition which might be affected by this activity <small>For example hayfever, travel sickness, food allergies, asthma, etc.</small>

Please indicate details of any medical treatment she/he is having at the moment

Telephone		Mobile	
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I enclose the cost of the activity £ Cash Cheque (please indicate by ✓)

I have noted the arrangements above and agree to the named young person taking part in activity.

Signed		Date	
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Relationship to young person	
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