## Nights Away Information Form

## Gang show rehearsal sleepover

Event:	Gang Show sleepove	r	Dates:	14 <sup>th</sup> October 2017	
		ı	Dates.	14 October 2017	
Location:	Barton Village Hall				
Meeting place and time:	10am Saturday 14 <sup>th</sup> C	October 2017			
Collection place and time:	Barton Village Hall. 4	pm 15 <sup>th</sup> October 2017			
Cost:	£5				
Transport details:	N/A				
Activities:	Gang show rehearsal				
Further details:	See separate kit list				
Organiser and contact details:	Jane Davenport				
Contact details during the event:	07964 552186				
Please keep this sectio	n for your own informa	tion, and detach and retu	ırn the sec	tion below.	РТО
Note: All activities will be run in accorda effects can be accepted by the organiser	nce with The Scout Association's and The Scout Association do	s safety Rules. No responsibility for es not provide automatic insurance	the personal cover in respec	equipment/clothing and ct to such items.	
Name of young person:			D.o.B:		
Event: Gang show rehe	pareal elephover				
I enclose a cheque / cash for I have noted the arrangemen that the event Leader reserv	r £5 (pleas nts above and agree to		n taking pa	art. I understand	
Emergency contact:			Phor	ie:	
Doctor's name and contact details:		Details of any medica	tions curr	ently being taken:	
Details of any disabilities, condition needs or cultural needs that might a		Details of any infectio contact with in the las			in
If it becomes necessary for to be contacted to authorise the and authorise the Leader in the second	is, I hereby give my ge	eneral consent to any ne	cessary m	edical treatment	
Signed:			Date:		
Relationship to young person:					