Please complete this form and bring it along with you to ‘mini May Camp’ on Friday 29th November.

|  |  |
| --- | --- |
| Group Name |  |
| Church (If different) |  |
| Youth Leader Name |  |
| Contact email address |  |
| Emergency contact phone number (Mobile number of responsible leader at the event) |  |

**Disclaimer***Please note that during the evening you are responsible for supervising the young people in your group. Risk assessments have been written for the evening and the activities which will be taking place. It is your responsibility to share these with your own leaders. Copies will be available on the evening. It is expected that you have gained parental consent for young people to attend this event. If you have any queries relating to this event then please contact dan.jenkins@chichester.anglican.org*

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name |  | | |
| Signature |  | Date | \_\_\_\_ /\_\_\_\_\_ /2019 |

**Attendee details**

|  |  |
| --- | --- |
| Group Leader Name | In attendance |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| Young Person Name | Emergency contact number | In attendance |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |