



RETURN ADDRESS:

INSIGHT EVENT, Vocations Office, Oscott College, Chester Rd, Sutton Coldfield, B735AA
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INSIGHT SYNOD EVENT
THURSDAY 1 MARCH 2018
St. Mary's College, Oscott

GROUP BOOKING FORM

1	GROUP LEADER	
	FULL NAME	
	DOB	
	SCHOOL/PARISH NAME	
	ADDRESS	
	EMAIL	
	TELEPHONE	
PLEASE GIVE DETAILS FOR A CONTACT IN CASE OF EMERGENCY		
	EMERGENCY NAME	
	EMERGENCY TEL	
	EMERGENCY ADDRESS	
DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?		
	(PLEASE TICK)	
	YES	NO
	IF YES, GIVE DETAILS	
I fully understand that as group leader I am responsible for the members of my group that are attending the event and I confirm that I have adhered to the appropriate safeguarding procedures that need to be followed as laid out by school/parish policy (PLEASE SIGN BELOW)		
	SIGNATURE	
	DATE	

2	ATTENDEE(S)	
	SCHOOL/PARISH NAME	
	ADDRESS	
	GROUP LEADER NAME	
	GROUP LEADER TEL	
	ATTENDEE 1	
	FULL NAME	
	DOB	
	AGE	
	YEAR	
	DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
	(PLEASE TICK)	
	YES	NO
	IF YES, GIVE DETAILS	
	ATTENDEE 2	
	FULL NAME	
	DOB	
	AGE	
	YEAR	
	DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
	(PLEASE TICK)	
	YES	NO
	IF YES, GIVE DETAILS	
	ATTENDEE 3	
	FULL NAME	
	DOB	
	AGE	
	YEAR	

DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
(PLEASE TICK)	
YES	NO
IF YES, GIVE DETAILS	
ATTENDEE 4	
FULL NAME	
DOB	
AGE	
YEAR	
DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
(PLEASE TICK)	
YES	NO
IF YES, GIVE DETAILS	
ATTENDEE 5	
FULL NAME	
DOB	
AGE	
YEAR	
DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
(PLEASE TICK)	
YES	NO
IF YES, GIVE DETAILS	
ATTENDEE 6	
FULL NAME	
DOB	
AGE	
YEAR	
DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
(PLEASE TICK)	
YES	NO
IF YES, GIVE DETAILS	

ATTENDEE 7	
FULL NAME	
DOB	
AGE	
YEAR	
DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
(PLEASE TICK)	
YES	NO
IF YES, GIVE DETAILS	
ATTENDEE 8	
FULL NAME	
DOB	
AGE	
YEAR	
DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
(PLEASE TICK)	
YES	NO
IF YES, GIVE DETAILS	
ATTENDEE 9	
FULL NAME	
DOB	
AGE	
YEAR	
DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
(PLEASE TICK)	
YES	NO
IF YES, GIVE DETAILS	
ATTENDEE 10	
FULL NAME	
DOB	
AGE	

YEAR	
DO YOU HAVE ANY DIETARY REQUIREMENTS OR MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF?	
(PLEASE TICK)	
YES	NO
IF YES, GIVE DETAILS	
GROUP LEADER SIGNATURE	
I fully understand that as group leader I am responsible for the members of my group that are attending the event and I confirm that I have adhered to the appropriate safeguarding procedures that need to be followed as laid out by school/parish policy. THIS WILL INCLUDE A PARENTAL CONSENT FORM FOR EACH PERSON UNDER THE AGE OF 18 YEARS OLD (PLEASE SIGN BELOW)	
SIGNATURE	
DATE	

