



# 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.

<b>Section</b>			
<b>Planned activity</b>			
<b>Date</b>		<b>Location</b>	
<b>Meet at (location)</b>		<b>Time</b>	am/pm
<b>Collect from (location)</b>		<b>Time</b>	am/pm
<b>Cost</b> £		<b>Cheques made payable to</b>	required by
<b>Transport arrangements</b>		<b>Please bring/wear...</b>	
<b>Additional information</b>			
<b>Leader</b>		<b>Telephone</b>	
<b>Home Contact</b>		<b>Telephone</b>	
		<b>Mobile</b>	
✂ -----			
Please return by <input type="text"/> in an envelope marked <input type="text"/>			
<b>Name of young person</b>			
<b>Please state if the named young person has a disability or condition which might be affected by this activity</b> For example hayfever, travel sickness, food allergies, asthma, etc.			
<b>Please indicate details of any medical treatment she/he is having at the moment</b>			
<b>Telephone</b>		<b>Mobile</b>	
I enclose the cost of the activity £ <input type="text"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> (please indicate by ✓)			
I have noted the arrangements above and agree to the named young person taking part in activity.			
<b>Signed</b>		<b>Date</b>	
<b>Relationship to young person</b>			