



# Booking Form

## “Up in the Air”

A Baden Powell Challenge Adventure

23<sup>rd</sup> - 24<sup>th</sup> March 2018 or 24<sup>th</sup> - 25<sup>th</sup> March 2018

Participant's Name: \_\_\_\_\_

Participant's Date of Birth: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Unit Name: \_\_\_\_\_

Preferred Date: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Parent/Carer Telephone: \_\_\_\_\_

Parent/Carer Email Address: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Please use this space to provide information about any allergies, dietary requirements, special needs, medical issues or other relevant information. (Continue on the back if necessary)

Signed: \_\_\_\_\_ (parent/carer)

Parent/Carer Name: \_\_\_\_\_ Date: \_\_\_\_\_

I confirm that this Guide is a member of my unit and has completed or almost completed 10 clauses of the Baden Powell Challenge Award and can attend the above event.

Guide Leader Name: \_\_\_\_\_

Guide Leader Signature: \_\_\_\_\_

Please return this form, with a cheque for £80 payable to “Girlguiding LASER Chigwell Row”, to: Girlguiding Chigwell Row, 141 Lambourne Road, Chigwell Row, Essex, IG7 6EN