

**EXPLORER ACTIVITY/EVENING/DAY REPLY SLIP**

Reply slip for which activity? \_\_\_\_\_

Date of activity? \_\_\_\_\_

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

DOB: \_\_\_\_\_

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

Home Telephone No: \_\_\_\_\_

Explorer Mobile Telephone No: \_\_\_\_\_

Explorer Email Address: \_\_\_\_\_

Name(s) of Emergency Contact(s) for evening/day:

\_\_\_\_\_

Name(s) of Emergency Contact telephone no(s) for evening/day:

\_\_\_\_\_

Parent/Guardian Email Address(es): \_\_\_\_\_

\_\_\_\_\_

Medical conditions \_\_\_\_\_

I/We understand the briefing notes and the risk assessment must be read before the attending the activity.

If required, I/We enclose\* or have sent by Bank Transfer\* £\_\_\_\_\_ of which £30 is non-returnable to confirm a place on the activity.

I/We also understand that warranted Scout Leaders or Occasional Helpers will be attendance as appropriate and available.

Signature of Parent/Guardian: \_\_\_\_\_

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

- As appropriate