

# 1st Shepperton (St Nicholas) Scout Troop

## **Final Arrangements**



Please retain this sheet until after the activity is over

Event Title	
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### DROP-OFF / PICK-UP DETAILS

You will need to drop your child off at:

(Please inform us as soon as possible if you think you may be late)

	day of week	-	day	-	month	-	year	hour	mins	.a/pm
From		-		-		-	2 0	Time	:	- m
To		-		-		-	2 0	Time	:	- m
Place										

### LEADERS / ADULTS ATTENDING

Name
<i>Lorraine Motley</i>
<i>Dave Parkinson</i>
<i>Emma Caudwell</i>
<i>Geoff Lulham</i>
<i>Justin Daltrey</i>

Parents

### HOME CONTACT

In the event of an emergency, or if we should need to contact several parents, this will be our / your method of contact

Name/s	<i>David Fern</i>
Address	<i>45 Tanglyn Avenue Shepperton</i>
Phone No.s	<i>01932 244767 / 07802 827767</i>

### ADDITIONAL INFORMATION

**PLEASE KEEP THIS FOR YOUR INFORMATION AND RETURN FORM B**

**PLEASE BRING CASH ALONG NOT A CHEQUE**

# 1st Shepperton (St Nicholas) Scout Troop



## Return Form: B

### GENERAL INFORMATION

Name of Child	
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It is extremely important that all parts of this form are completed as accurately as possible.

Event Title	
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Dates	From	Day of the Week	-	Day	-	Month	-	Year
	To							2 0
		Day of the Week		Day		Month		Year

Venue	
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### PARENTAL CONSENT

I hereby give permission for my child (named above) to attend this Scouting Activity. I have read the information sheet / spoken to the leaders and give permission for my child to take part

Parent / Carer's Signature		Date	
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### NEXT OF KIN

Name/s	
Address	
Phone No.s	

### OTHER INFORMATION

Please state any other information which may be helpful to the leaders/event organisers

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