



DRAGON 24 THE RETURN

email; dragon24@dorsetscouts.org.uk

Adult Registration Form

Personal Details				
Name		Surname		
Address				Town/City
County		Postcode		
Telephone		Mobile		
District		Group		Section
email			Membership or CRB number	
Next of Kin Details				
Name		Surname		
Address (if different from above)				Town/City
County		Postcode		Country
Telephone		Work		Mobile

A Message to ALL Leaders. This event is Self Funded. Please do not wait until you have received all the Section Forms before forwarding them to your Group Contact. We need to know numbers at the earliest stage for Budgeting and Administrating purposes. The viability of the event depends on your co-operation. Thank You

DRAGON 24

Confidential Information Form - Adults



Personal Details				
Name		Surname		
District		Group		Section
Doctors name and contact details				
Details of special dietary needs:				
If you have any Medical Conditions, Allergies or Medications, that you think that the Medical Team should be aware, please indicate on the back on this section of of the form →				
NOTE				
If the above named person comes into contact of any Infectious Disease within 3 weeks of the start of the event. the Dragon 24 Administrator is to be informed.				
Declaration				
If it becomes necessary for me to receive medical treatment and I am unable to authorise this, I hereby give my general consent to any necessary medical treatment required by the hospital authorities.				
Signed				Date

Return by to the Dragon24 Administrator, Charles Davis, 1 Hillview, Uploders, DT6 4PF.

Full payment of £10 is to be included.

Cheques may be paid through your Group, or directly, made payable to Dorset County Scouts (GOOSE)