A picture containing text, clipart

Description automatically generated

**ACTIVITY GROUP LIST**

1. You’ll need one Activity Group List for ***EACH*** of your Activity Group.
2. This form will be used for our ***FIRE LIST*** and so we ***NEED*** to know the bedroom number for each person on site (adults and children).

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Date of Arrival** |  |
| **Date of Departure** |  |
| **Activity Group Number** |  |

|  |  |  |
| --- | --- | --- |
| **NAME OF LEADERS** | **Room No.** | Relevant Notes |
| 1. |  |  |
| 2. |  |  |
|  | | |
| **NAME OF GROUP MEMBERS** | **Room No.** | Relevant Medical, Behavioral or Communication issues / background. |
| 1. |  |  |
| 2. |  |  |
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| 15. |  |  |

**FORMS TO RETURN**

**This form is to be returned to  
Emma Atkins-Chafer l Operations Manager: emma.atkins-chafer@londonyouth.org**

**Dan Osborn l Chief Instructor:** [**dan.osborn@londonyouth.org**](mailto:dan.osborn@londonyouth.org)

**Tom Fox | Chief Instructor: tom.fox@londonyouth.org**

Phone:  01342 822625 **|** Select option two for programming.

Hindleap Warren, Wych Cross, Forest Row, East Sussex RH18 5JH

**Group Name:**

**Date:**

**DIETARY**

**Please fill in all pages of this form**.

If you have any queries on how to fill this form in, please ask.

|  |  |  |
| --- | --- | --- |
| **FINAL NUMBERS:** | **Boys** |  |
| **Girls** |  |
| **Male Staff** |  |
| **Female Staff** |  |
| **TOTAL** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DIETARY INFORMATION:**  ***Please tick corresponding boxes next to name***  ***If multiple people have the same dietary requirements such as ‘halal’ and have no other dietary needs, you may state in the additional information section of this form a total number.*** | **Name** | Gluten/Wheat Free | Dairy Free | Vegetarian | Vegan | Halal | Other |
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|  |  |  |
| --- | --- | --- |
| **ALLERGEN & OTHER DETAILS:**  **Please state the severity of any allergies, e.g., do they carry an epi pen?**  **\*Best practice guidance states that people at risk of anaphylaxis always carry 2 Epi pens with them. We therefore require all visitors at risk of anaphylaxis to be in possession of their full medication \*** | **Name** | **Allergen Detail** |
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**Group Name:**

**Date:**

**ALLERGENS & OTHER DETAILS**

**ADDITIONAL INFORMATION**

**FORMS TO RETURN**

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