



Activity Application Form

For further information you may telephone us on 07511 637943

Name:

Address:

Post code:

Home Tel No:

Daytime Tel No:

Date of Birth:

Activity:

Date:

Cost:

50% deposit with booking please

Please make cheques to:
Stevenage & North Herts Adventure Club

INSURANCE:

Please note that members are not covered for loss of belongings during the activity or whilst travelling.

AUTHORITY OF PARENT:

I agree to my son/daughter/ward participating in this activity/event

Signed

Date

PHOTOGRAPHY: I agree to activity photographs of myself or child/ward being used for SNHAC publicity purposes: **Yes / No** (*please delete as appropriate*)

Please print and return this form (with your deposit where appropriate) to the secretary at the following address: Stevenage & North Herts Adventure Club, C/O 12 Hazel Grove, Stotfold, Herts. SG5 4JZ

For further information you may telephone us on 07511 637943
Or email mail@stevenageadventureclub.org.uk