# One Day Activity

**Information and Consent form**

*This part to be kept by the parent/guardian. Please complete legibly in black ink.*
Please return the lower section of this form, completed and signed, to your SECTION **Leader** on or before **22nd September 2016**

Name of Section: **Cubs** Proposed activity: **Cubs 100**

At: **Warwick Castle**

On: **Saturday 24th September** Start Time: 09:00 Finish time: 18:00

Cost: Previously paid for

Is transport arrangements? Collection from Market Hill, Newport Pagnell

Additional information: **Full uniform to be worn, Fully disposable packed lunch, drinks and waterproof/suntan lotion/hat depending on day.**

Home contact: Alison Hobbs Home contact phone**:** 07749 999736

Mobile Telephone: 07527 392304 – Helen's Mobile

Leader Helen Botwood Date: **6/9/16**

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**Parent's or guardian's consent**
*This part to be returned to your SECTION **Leader** on or before **22nd September 2016***

I have noted the arrangements and give permission for:

(name of child) _____

To take part in: Cubs 100 trip to Warwick Castle

Please state if your child has a disability or condition, which might be affected by this activity.

_____

Please indicate details of any medical treatment she/he is having at the moment.

_____

I can be contacted during the event at: _____

Telephone number: _____ Mobile: _____

Signed: _____ Date: _____

Parent's or guardian's name: _____