

# Bedlam Participant Information

## Personal Details

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code \_\_\_\_\_  
 Group / District \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Mobile Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_

## Medical Details

NHS. Number \_\_\_\_\_  
 Doctors Name \_\_\_\_\_  
 Doctors Address \_\_\_\_\_  
 Doctors Phone Number \_\_\_\_\_  
 Date of last Tetanus Immunisation \_\_\_\_\_  
 Any Allergies / Special Needs /  
 Relevant Medical conditions \_\_\_\_\_  
 \_\_\_\_\_

## Emergency Contacts

Main  
 Alternate

Name \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 Name \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

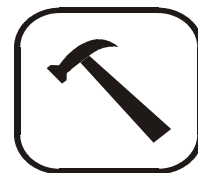
## Attendance

	No of Adults	No of U18's	No of U6's	Adult Price	U18 Price	U6 Price	Totals
Friday Night			}	£10	£5	Free	
Saturday Day							
Saturday Night			}	£10	£5	Free	
Sunday Day							
BBQ Ticket				£5	£2.50	Free	
Total Payment Required							_____

**If you do want tickets for the BBQ, please book it now. If you don't you will have to provide your own evening meal on Saturday evening**

BBQ Special Dietary Requirements \_\_\_\_\_

**Please make all cheques payable to "Bedfordshire County Scout Council" and please write your name and group on the back of the cheque**



**Please Do Not Fill in, for Office use only**

Payment Type : Cash / Cheque  Payment Passed to County Office

Information Added to DBase  Participant ID

**Activity Authorisations**

Do you hold any Adventurous Activity Authorisations ? **Yes / No**

If you answered yes, please list your authorisations below

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Are you willing to help supervise activities over the weekend? **Yes / No**



**Additional Family Members**

**Child 1**

Childs Name \_\_\_\_\_

Childs Age \_\_\_\_\_

Any Allergies / Special Needs /  
Relevant Medical conditions \_\_\_\_\_  
\_\_\_\_\_

**Child 2**

Childs Name \_\_\_\_\_

Childs Age \_\_\_\_\_

Any Allergies / Special Needs /  
Relevant Medical conditions \_\_\_\_\_  
\_\_\_\_\_

**Child 3**

Childs Name \_\_\_\_\_

Childs Age \_\_\_\_\_

Any Allergies / Special Needs /  
Relevant Medical conditions \_\_\_\_\_  
\_\_\_\_\_

**Child 4**

Childs Name \_\_\_\_\_

Childs Age \_\_\_\_\_

Any Allergies / Special Needs /  
Relevant Medical conditions \_\_\_\_\_  
\_\_\_\_\_

**BEDLAM**

Please fill in and return this form together with full payment by the 5th of September to :  
"Bedlam Application, Bedfordshire County Scout Office, Leslie Sell Activity Centre,  
Molivers Lane, Bromham, MK43 8LD"