



ULTIMATE EDINBURGH APPLICATION FORM

Personal Details or Group Leaders Details			
Title: Miss/Mrs/Ms/other* <small>* please delete as appropriate</small>	Known as:		
Full name:			
Home address:			
		Post Code:	Telephone no:
Dates you will be at this address:			
Term time address: <small>(if different)</small>			
		Post Code:	Telephone no:
Dates you will be at this address:			
Mobile phone no.			
Email Address:			
Date of birth:			
Position in guiding:		Guiding County:	

Please complete the following questions for yourself or any member of the group.

Medical Details	
Is there any medical condition or recurring complaint which the adventure leader should be made aware of eg serious allergies, diabetes, severe asthma, epilepsy, heart condition? If 'yes', please give details (continue on a separate sheet if necessary).	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	
Details:	
Name:	
Details:	
Other Requirements	
Do you have any other special needs eg problems with mobility, additional care requirements? If 'yes', please give details (continue on a separate sheet if necessary).	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name:	
Details:	
Name:	
Details:	

Declaration

- I have read the itinerary as given on the website and fully understand the scope and range of activities involved.
- I have read and accept the booking conditions.
- I understand that the prices quoted are the best estimate available at the time of advertising and these may be subject to increase.
- I understand that places will be allocated on a first come first served basis and I will expect to be notified in approximately four weeks from the bookings open date.
- I am enclosing a £50 deposit (per person) made payable to Girlguiding UK
- I understand that the deposit is non-returnable.
- I understand that the itinerary may vary due to weather or local conditions.
- I understand that the adventure leader has the right to send participants home if necessary.
- I am happy for my details to be shared with other participants.

If applying as a group:

It is the group leader's responsibility to get group members to complete a G/C form and to make participants aware of the booking conditions.

Signed:
(Group leader)

Date:
Membership no.:

Please also complete the information overleaf requesting details of your group.

If applying as an individual:

Signed:
(Applicant)

Date:
Membership no.:

Signed:
(Unit Leader/ Commissioner)

Date:
Membership no.:

Please print name:
(Unit Leader/ Commissioner)

If applicant is aged under 18 years at time of application:

Signed:
(Parent/guardian)

Date:

Group details (if applying on behalf of a group)

Unit name:

No. of places being booked in total
(including group leader):



Total deposit (£50 per person) (Cheques made payable to Girlguiding UK)	£
Participants names	Participants ages <i>(at time of event)</i>

PLEASE NOTE:

The information above is important to ensure that the event can maintain the appropriate adult to girl ratios and ensure facilities provided meet everyone's needs. It will be possible to make changes to your booking at a later stage (eg name changes) although these will need to be made in accordance with the agreed booking terms and conditions.

Please make cheques payable to Girlguiding UK. Cheques will not be cashed until places have been allocated.