

THE BOLEH TRUST (Reg Charity 1175954) DAY SAIL BOOKING FORM

Event name		J4) DAT JAIL DOOKING	
Venue			
Date			
Event Co-ordinator			
Boleh Trust Skipper			
PARTICIPANT CONTACT D	ETAILS		
Name			
Address			
Contact no			
Email address			
If you are under 18, your	parent or guardian mu	ust counter sign this Form.	
Any medical conditions we need to know		If Yes or on medication, pleas	e specify:
about? Yes/No			
Can you swim? Yes/No			
EMERGENCY CONTACT DE	TAILS		
Name			
Address			
Contact no			
PHOTOGRAPHY CONSENT	-		
It is very helpful for The Bo	oleh Trust to use positi	ve images to promote our char	itable work, for
example on a website or n	newsletter. Images are	normally kept for 3 years befor	e being destroyed
and our detailed policy on	images is contained in	our Safeguarding policies.	
I give permission for The	Boleh Trust to use pho	otographs of the participant	Yes/No
and to store and use the images. <i>Delete as appropriate</i>			
	and fully understood	the Boleh Trust's Operational I	
Signed		ector: craigboleh@gmail.con	n