

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

|  |  |
| --- | --- |
| Event name |  |
| Venue |  |
| Date |  |
| Event Co-ordinator |  |
| Boleh Trust Skipper |  |

**PARTICIPANT CONTACT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact no |  |
| Email address |  |
| If you are under 18, your parent or guardian must counter sign this Form. |
| Any medical conditions we need to know about? Yes/NoCan you swim? Yes/No | If Yes or on medication, please specify: |

**EMERGENCY CONTACT DETAILS**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact no |  |

**PHOTOGRAPHY CONSENT**

It is very helpful for The Boleh Trust to use positive images to promote our charitable work, for example on a website or newsletter. Images are normally kept for 3 years before being destroyed and our detailed policy on images is contained in our Safeguarding policies.

|  |  |
| --- | --- |
| I **give permission** for The Boleh Trust to use photographs of the participantand to store and use the images. *Delete as appropriate* | **Yes/No** |

**BOOKING TERMS AND CONDITIONS**

**I confirm that I have read and fully understood the Boleh Trust’s Operational Risk Assessment and the Booking Terms and Conditions at** [**www.bolehproject.com/policies-procedures/**](http://www.bolehproject.com/policies-procedures/) **and will comply with them.**

Signed…………………………………………………………………….……Date…………………

**Please email completed Form to Operations Director:** craigboleh@gmail.com