External Activities

|  |  |
| --- | --- |
| Student Activity Name: |  |
| Contact Details | Home Contact Details |
| Name: | Name: |
| Address: | Address: |
| Tel. Number: |  | Tel. Number: |  |
| Trip Details |
| Departure Date: |  | Destination/Where you are staying: |  |
| Time: |  |
| Return Date: |  |
| Time: |  |
| Other Emergency Contact Numbers: |  | Contact Name: |  |
| Contact Name: |  |
| The Activity  |
| What are the activities?When?Where? |  | Distance from base location: |  |
| Contact Tel. Number (if different from above): |  |
| Transport |
| How are you travelling? |  |
| Who is driving? (If applicable) |  |
| Checklist |
| Number attending: |  | List of names and Matric. nos attached? (Y/N) |  |
| Participants informed of requirements? (Y/N) |  | Route Card/Map attached? (Y/N) |  |
| Number of inexperienced people: (If applicable) |  | No. of first aiders: |  |
| Do you have a contingency plan? (Y/N) |  | Contingency plan attached? (Y/N) |  |

Please attach copies of any other relevant documentation to this form. If you need more space, please continue on another piece of paper and attach it.

DECLARATION: I certify that all participants on the trip have read and understood the Society’s Constitution, and that the information contained in this form is accurate to the best of my knowledge.

Name:

Committee Position:

Signed: Date: