Senior Games group booking form:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organisation/Group Name: |  | | | | | | |
| Contact telephone number: |  | Contact E-mail |  | | | | |
| Number of participants attending: |  | Number of support staff that you will provide (if required): | | |  | | |
| Names of individuals that would like to compete: |  | | | | | Age | |
|  | |
| What would you like your team to be called: |  | | | | | | |
| Your teams physical ability: | Wheelchair dependant  (needing support staff to assist movement) | Mobility restricted  (including motorised wheelchairs) | | Mobility impaired | | | Fully ambient |
|  |  | |  | | |  |
| Are there any special dietary requirements: |  | Are you able to provide own transport to and from the venue: | | |  | | |
| Any other information required: |  | | | | | | |

This information will be stored by Salisbury City Council and will, unless instructed, be destroyed after the following year’s event. We may contact you after the event to gather feedback and provide information about follow up events. Please confirm that you have permission from your service users to give us this information and they are happy for us to store this information.

I have consent from all service users to give out their details

Please return this form to the address below by Thursday 30th June 2022.

Many Thanks,