



Name of Organisation/School:

Group Summary Form – To be completed and returned to info@peatrigg.org at least 3 weeks before the start of your course. (Update us of any changes prior to your course).

We are happy to cater for any Birthdays – Just let us know and we will provide a cake!

Name	M/F	age	Medical Issues & Medication taken	Special Dietary Requirements	Other information that may assist Peat Rigg staff
VISIT LEADER					
(staff)					
(staff)					
(staff)					
(staff)					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					



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Name	M/F	age	Medical Issues & Medication taken	Special Dietary Requirements	Other information that may assist Peat Rigg staff
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					



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Name	M/F	age	Medical Issues & Medication taken	Special Dietary Requirements	Other information that may assist Peat Rigg staff
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					



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Total Numbers	Male	Female	TOTAL
Young People			
Staff & Carers			

Visit Contact Details	Name	Email	Mobile phone	Home phone
Visit leader				
Finance/Admin				
Other emergency Contact (if applicable)				

I agree that a completed consent form will be obtained for every participant and will be available at Peat Rigg during the course. These may be brought with you. **Name..... Signed..... Date.....**