|  |  |  |
| --- | --- | --- |
| **NAME** | |  |
| Mobile no and email address | |  |
| Preferred dates / weekends | |  |
| Preferred Grade of trip,  In preference order A, B or C (see below guidance) | |  |
| Want to paddle with whom ? | |  |
| Boat size needed & your Height | |  |
| What equip/boat do you HAVE | |  |
| Medical details | |  |
| Next of kin, name and tel no: | |  |
| Can we release your mobile, email, and medical details to the trip leaders | |  |
| Do you consent (Yes/No) to photos/videos being taken & used by the Club for:  \* You can change/remove your Yes/No selections at any time by contacting the Club Chairman. | Website |  |
| Social media sites/channels (e.g. CAP’s Facebook page) |  |
| Trip/event communications (e.g. emails, newsletters) |  |
| Other marketing/promotion materials (e.g. flyers / event videos) |  |
| Any other comments/questions | |  |