|  |  |
| --- | --- |
| **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 |   |