**Trip Registration Form**

**Group Details**

|  |  |
| --- | --- |
| **Group name** |  |
| **Reason for trip (e.g. competition, social, learning/development)** |  |
| **Main contact within group**  **(usually a member of your committee)** | Name:  Mobile: |
| **Alternative group contact**  **Contact at venue** | Name:  Mobile:  Venue and contact name:  Phone: |

**Travel Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Outbound** | | | | | |
| **Mode of transport** | **Company\*** | **Departure point** | **Departure time & date** | **Arrival point** | **Arrival time & date** |
|  |  |  |  |  |  |
| **Return** | | | | | |
| **Mode of transport** | **Company\*** | **Departure point** | **Departure time & date** | **Arrival point** | **Arrival time & date** |
|  |  |  |  |  |  |

\* If using own vehicles, please state driver's name and car registration

**Accommodation Details - for residential trips only**

|  |  |
| --- | --- |
| **Name and address** |  |
| **Contact details** | Phone:  Email: |

**Tour Operator Details - for trips abroad only**

|  |  |
| --- | --- |
| **Name and address** |  |
| **Contact details** | Phone:  Email:  Website: |
| **Named contact travelling with group** | Name:  Mobile: |

**Trip Members List - all must be registered members of the SHSU group**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Student ID Number** | **Next of kin emergency contact (Name & contact number)** | **Known medical conditions or allergies** | **Valid qualifications relevant to the trip activities (e.g. instructor)** | **Are they a designated first aider?** |
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**Trip Members Travel Information - for trips abroad only**

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Passport number & country of issue** | **Travel insurance provider** | **EHIC number**  **(European trips only)** | **Valid visa for travel** | **Other notes (e.g. travel plans if different from the group)** |
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