

NOTTINGHAMSHIRE SCOUTS

Monopoly Live

APPLICATION FORM

Please complete in BLOCK CAPITALS

Unit Leaders Name		
Contact Address		
Telephone No		Staying over
E Mail Address		Yes / No
Dietary Requirements		
Team Name:		
Participant 1 Name		
Date of Birth		
Dietary Requirements		
Participant 2 Name		
Date of Birth		
Dietary Requirements		
Participant 3 Name		
Date of Birth		
Dietary Requirements		
Participant 4 Name		
Date of Birth		
Dietary Requirements		
Participant 5 Name		
Date of Birth		
Dietary Requirements		

Please write details of additional leaders staying over on the back of this form.
 Enclose cheque for the entry fee of £150 per Team plus £20 for each leader staying over
 (cheques payable to 'Nottinghamshire Scouts') This fee is non-returnable.

Signed _____ parent/guardian/leader

Each participant must complete a health form which is available to download on the Monopoly Live website. If you wish blank forms to be sent to you please enclose an A4 large letter stamped addressed envelope with completed application form(s) and payment. A receipt for payment will be issued upon request at the event.

Monopoly Live 2010. Unit 1, Trinity House, Robey Close, Linby, Nottingham, NG15 8AA
Before Saturday 22nd May 2010

N.B. Payment on the day will not be acceptable

www.monopoly-live.co.uk

