



Registration form

(Please use a separate form for each child)

The G.O.D. Adventure
will take place at

_____ on

Please fill in this form to book a place for your child

Admin use only: Designated Wing:
Wing Captain:

Child's full name _____ Sex: M / F

Date of birth _____ School _____

Parent's/ Guardian's signature _____

Parent's/ Guardian's full name _____

Parent's/ Guardian's full address _____

Telephone _____

Email _____