

**Elim Festival - Thursday 27<sup>th</sup> July – Saturday 5<sup>th</sup> August 2017****ATTENDEE BOOKING FORM (AGED 18 AND OVER)**

(This needs to accompany the Main Booking Form)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT TELEPHONE NUMBER \_\_\_\_\_ (home)

\_\_\_\_\_ (mobile)

EMAIL \_\_\_\_\_

CHURCH \_\_\_\_\_

DATE OF BIRTH AND AGE AT 27<sup>TH</sup> JULY 2017 \_\_\_\_\_**CAMPING REQUIREMENTS:**

I WILL BE STAYING AS (please tick):

GUEST \_\_\_\_\_ WORKER \_\_\_\_\_ (Workers please complete Worker Form also)

FOR FOOD I WILL BE (please tick):

CATERED \_\_\_\_\_ SELF-CATERED \_\_\_\_\_

If you are not staying for the full event please state your arrival and leaving dates \_\_\_\_\_  
and how many nights you will be on site \_\_\_\_\_**ATTENDEE COST £ \_\_\_\_\_ (pricing is detailed on the Main Booking Form)****ATTENDEE STATEMENT**

I agree to abide by the rules (published on the Elim Festival website).

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHURCH LEADER'S STATEMENT**

Your Church Leader must complete this section.

I am in support of \_\_\_\_\_ attending Elim Festival. Date \_\_\_\_\_

Signature \_\_\_\_\_ Minister's name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

How long have you known this person \_\_\_\_\_

## Medical Information and Consent Form

This information is strictly confidential. **Please use BLOCK CAPITALS.** It is a condition of acceptance that this form is completed in full.

**Full name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ (DD/MM/YYYY)

**Mobile Telephone number whilst at Elim Festival** \_\_\_\_\_

**Emergency contact name** \_\_\_\_\_  
(this must not be someone who is attending Elim Festival)

**Emergency Contact Telephone numbers: Day** \_\_\_\_\_  
**Evening** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Name of GP** \_\_\_\_\_ **Tel No** \_\_\_\_\_

**GPs address** \_\_\_\_\_

**Details of any medical problem (e.g. allergies, asthma, epilepsy, diabetes, heart disease etc.) or disabilities which may affect normal activity** \_\_\_\_\_

\_\_\_\_\_

**Details of any food allergies** \_\_\_\_\_

\_\_\_\_\_

**Details of any medication that you will be taking during Elim Festival** \_\_\_\_\_

\_\_\_\_\_

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### Authorisation for Photographic Consent

Are you happy to be involved in any photographs we take?                      Yes                      No

Do you give permission for such photographs to be used in Elim Festival publicity?    Yes                      No

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**Any changes to this form must be notified to the Elim Festival Office before arrival on site.**

Please note: The reason we ask for this information is purely in case of an emergency situation wherein medical staff need to be informed of your medical condition and any medication you're taking. This information will only be shared in an emergency situation.