

ROADTRIPPERS

EVENTS.CO.UK

INFORMATION FORM

CREW, VOLUNTEER, PERFORMER,
WORKSHOP/ACTIVITY LEADER

EVENT NAME: _____

EVENT DATE: _____

YOUR ROLE: _____

FIRST NAME: _____

SURNAME: _____

DATE OF BIRTH: _____

EMAIL ADDRESS: _____

MOBILE NUMBER: _____

HOUSE NUMBER/NAME: _____

STREET ADDRESS: _____

CITY: _____

COUNTY: _____

POSTCODE: _____

DO YOU HAVE ANY MEDICAL OR HEALTH ISSUES
WE NEED TO KNOW ABOUT, OR DO YOU HAVE
ANY SPECIAL NEEDS? *IF YES, PLEASE EXPLAIN:*

CONTACT IN CASE OF EMERGENCY

FULL NAME: _____

RELATIONSHIP: _____

CONTACT NUMBER: _____

ADDRESS: _____

Please remember that our crew, volunteers, performers, workshop/activity leaders are our ambassadors – We want to create the best experience possible for everyone involved, which means treating fellow crew, volunteers, performers, workshop/activity leaders, patrons and others with respect and kindness.

SIGNATURE: _____