

Delegation Information Form

Please complete this form and return to the staff of your Step Up, Village or Youth Meeting 1 month before the beginning of the programme.

Do not forget that you need to also send the Travel Information Form and bring to the programme the original + 1 copy of the following:

- Health Form (leader + each participant)
- Child Travelling with Leader Legal Form (each participant)
- Adult Legal Form (leader)

| | | | |
|--|--|---------------------|--|
| Programme (tick relevant programme) | | | |
| Step Up | | Village | |
| Youth Meeting | | | |
| Programme reference number | | | |
| Host National Association | | Host Chapter | |

ADULT LEADER

| | | | |
|--------------------------------|---------------------|---|---------------|
| Gender (male/female) | | Date of birth (day / month / year) | |
| National Association | | Chapter | |
| Given name | | | |
| Surname | | | |
| Number & street | | | |
| Town / city | | | |
| Area / state / province | | | |
| Country | | postcode / zip code | |
| | country code | area code | number |
| Telephone | | | |
| Mobile phone | | | |
| Email | | | |

In order to ensure a safe environment for all participants and to help us with meal planning, please list all dietary requirements (not preferences) that the staff need to know in advance (e.g. food allergies and their severity, vegetarian, celiac).

Do you have any health requirements that the staff should know about prior to the camp? For example, allergies and their severity, types of activity that you might not be able to participate in?

Please add any other information that you would like to share with the organizers/leaders/staff in order to ensure a positive experience?

Special Skills

| Language | Fluent | Good | Fair |
|---------------------------------------|--------|------|------|
| | | | |
| Sports/drama/arts & crafts | | | |
| Other | | | |

| Do you have certification in: | Swimming | First aid | Life saving |
|-------------------------------|----------|-----------|-------------|
| | | | |

PARTICIPANT 1

| | | | |
|-------------------------|--------------|------------------------------------|--------|
| Gender (male/female) | | Date of birth (day / month / year) | |
| National Association | | Chapter | |
| Given name | | | |
| Surname | | | |
| Number & street | | | |
| Town / city | | | |
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PARTICIPANT 2

| | | | |
|-------------------------|--------------|------------------------------------|--------|
| Gender (male/female) | | Date of birth (day / month / year) | |
| National Association | | Chapter | |
| Given name | | | |
| Surname | | | |
| Number & street | | | |
| Town / city | | | |
| Area / state / province | | | |
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PARTICIPANT 3

| | | | |
|-------------------------|--------------|------------------------------------|--------|
| Gender (male/female) | | Date of birth (day / month / year) | |
| National Association | | Chapter | |
| Given name | | | |
| Surname | | | |
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PARTICIPANT 4

| | | | |
|-------------------------|--------------|------------------------------------|--------|
| Gender (male/female) | | Date of birth (day / month / year) | |
| National Association | | Chapter | |
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FOR YOUTH MEETING ONLY

PARTICIPANT 5

| | | | |
|-------------------------|--------------|------------------------------------|--------|
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| National Association | | Chapter | |
| Given name | | | |
| Surname | | | |
| Number & street | | | |
| Town / city | | | |
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PARTICIPANT 6

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