

**TOUR REGISTRATION FORM****This form is to be completed by:**

The organiser of any tour/trip away fixture

**Completed forms should be handed to:**

Club/Association Chair/Secretary or BKA if overseas: \_\_\_\_\_

**Club/Association Name:**

<b><u>Tour Organiser:</u></b>	<b><u>Tour Qualified First Aider:</u></b>
Home Address:	Home Address:
Postcode:	Postcode:
Home Telephone:	Home Telephone:
Mobile Telephone:	Mobile Telephone:
Email:	Email:

**Tour Details**

<u>Date of Tour:</u>	<u>From:</u>	<u>To:</u>
	<u>Departing from:</u>	<u>Returning to:</u>
	<u>Leaving Time:</u>	<u>Expected return time:</u>
<u>Destination:</u>		

**Mode of Transport (please indicate as appropriate)**

Ferry <input type="checkbox"/>	<u>Ferry company:</u>	Plane <input type="checkbox"/>	<u>Airline:</u>
	<u>Ferry Company Address:</u>		<u>Airline Address:</u>
	<u>Ferry company Tel No:</u>		<u>Airline Tel No:</u>
	<u>Crossing Number:</u>		<u>Flight Numbers:</u>
Channel Tunnel <input type="checkbox"/>	<u>Booking Reference:</u>		
	<u>Tel No:</u>		
	<u>Crossing Numbers:</u>		

Coach <input type="checkbox"/>	<u>Coach Company:</u>	
	<u>Coach Company Address:</u>	
	<u>Coach Company Tel No.:</u>	
	<u>Coach Registration Number:</u>	
Minibus <input type="checkbox"/>	<u>Minibus Hire company:</u>	
	<u>Minibus Hire Company Address:</u>	
	<u>Minibus Hire Company Tel No.:</u>	
	<u>Minibus Registration Number:</u>	
Private car <input type="checkbox"/>	Number of cars being used:	
(Please complete a private vehicle registration form for each driver)	<u>Driver Name:</u>	<u>Driver Name:</u>
	<u>Address:</u>	<u>Address:</u>
	<u>Tel No:</u>	<u>Tel No:</u>
	<u>Mobile Tel. No.:</u>	<u>Mobile Tel. No.:</u>
	<u>Car Registration Number:</u>	<u>Car Registration Number:</u>
	<u>Driver Name:</u>	<u>Driver Name:</u>
	<u>Address:</u>	<u>Address:</u>
	<u>Tel No:</u>	<u>Tel No:</u>
	<u>Mobile Tel. No.:</u>	<u>Mobile Tel. No.:</u>
	<u>Car Registration Number:</u>	<u>Car Registration Number:</u>

<b>Tour Itinerary:</b> Please give a copy of your proposed route and a map. Attach as a separate document if necessary.

<b>Contact Name, Address and Tel No at Tour Location:</b>
<u>Name:</u>
<u>Address:</u>
<u>Tel:</u>

<b>Rescue Services (e.g. AA, RAC, Green flag)</b>
Where applicable, please ensure that the relevant services are informed of your trip itinerary.

<b>Equipment:</b> List ALL the equipment required for this tour.		
<b>Equipment:</b>	<b>Owner:</b>	<b>Date of last safety check:</b>

**Travel Log: ALL people travelling on the trip (including spectators) need to fill out this section after reading the form and the Club's/Association's Codes of Conduct for Young People and Volunteers. Please continue on separate sheet if necessary**

Name:	BKA Registration Number:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

**FOR THE ATTENTION OF THE TOUR ORGANISER**

**(Please ensure you tick (✓) each box)**

- I have informed group members of the need for vaccinations (if required)
- I have ensured that I have adhered to the BKA recommended adult/child ratios
- I have informed group members of the need for visas/passports (if required)
- I certify that all members going on the above tour have read and understood the Club's/Association's Code of Conduct
- I have completed an authorised Tour Registration Form
- I have the appropriate insurance cover to lead the tour
- All statements contained in this form are true

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR CLUB/ASSOCIATION USE ONLY (NB For overseas tours please copy to the BKA)**

**Date Form received:**

--

**Signed:**

--

**Club/Association Chair/Secretary:**

--