## BCCC RESIDENTIAL/OUTING CONTACT FORM

To be completed prior to any outing, residential programme or camp and left with a nominated person in the congregation.

| Name of Organisation: |                          |  |
|-----------------------|--------------------------|--|
| Location:             | Date:                    |  |
|                       | Name and contact number: |  |

| Name of Young Person / Leader | Contact Tel Number | Second Contact Number |
|-------------------------------|--------------------|-----------------------|
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |
|                               |                    |                       |