

Minitreats Registration Form



Name:

Address:

Contact Number:

Equipment Required

Mobility Issue:

Please detail any health concerns, medication, allergies or dietary requirements that we should be aware of:

Person to contact in case of
emergency:

Contact Number:

I understand that I am taking part in Minitreats at my own risk and that my information will only be shared within the Minitreats team.

Signature:

Date:

Please make us aware of any changes.