

**Trip Approval Form** – Return the completed form to the Rector (or designated deputy) well ahead of the event. Please use continuation sheets as necessary to provide relevant details.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Proposed Trip Name | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Organiser’s Name | | | | |  | | | | | | | | |  | | Telephone | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Role | | | | |  | | | | | | | | |  | | Email | | |  |
|  | | | | | | | | | | | | | | | | | | | |
| Church | | | | | St Andrew’s / All Saints | | | | | | | | |  | | Section / Age Group | | |  |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Event Leader  (if not Organiser) | | | | |  | | | | | | | | |  | | Telephone | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | |  | | Email | |  | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Venue Name | | | | |  | | | | | | | | |  | | Telephone | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| Venue Address | | | | |  | | | | | | | | | | | | | | |
|  | | | | |
| Event Website | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Event Dates (and if possible times) | | | | | | | | | Number of Nights | | | | | | |  | | | |
|  | From | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | |
|  | To | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | |
| Transport Summary | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Approx. Numbers Attending | | | | | | | | Total | | | |  | | | | | | | |
|  | | | | | |
|  | Under 18 | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | |
|  | Vulnerable Adults | | | | | |  | | | | | | | | | | | | |
|  |  | | | | | |  | | | | | | | | | | | | |
|  | Leaders | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Type of Event  (e.g. sleepover, hike, etc.) | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Any Special Activities  (e.g. those requiring particular supervision or permits) | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Cost and funding info. | | | | | |  | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
| Home Contact Details | | | | | | Name | | | | |  | | | | | | | | |
| Telephone | |  | | | | | | | | Email | | | | |  | | | | |
| Address | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Have you used a continuation sheet? | | | | | | | | | | | | | | | | | Yes / No | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Approved by | | | |  | | | | | | | | | On date | | | |  | | |
| Details of all those attending to be left with | | | | | | | | | | | | |  | | | | | | |