



Stanford-le-Hope and District U3A
Information about members of a trip

Title of Trip _____ **Date of Trip** _____ **Group Leader(s)** _____

Please can you fill in the details about yourself – this information is for **emergency use** only. Fill it out and pass it on!

No	Name	Mobile number (the phone you have on you)	Emergency contact (Name and no.)	Refund received (if applicable)
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No	Name	Mobile number (the phone you have on you)	Emergency contact (Name and no.)	Refund received (if applicable)
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