**PARTICIPANT REGISTRATION FORM **

**All volunteers participating must be registered. Please fill in your details below. Children under the age of 18 must have a parent/guardian sign on their behalf.**

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| **QWaLC MEMBER GROUP NAME:** | **DATE:** | **SITE:** | **ACTIVITY/EVENT:** |
|  |  |  | Workshop |
| **SITE COORDINATOR’S NAME:** |  | **CONTACT NUMBER:** | **CONTACT EMAIL:** |
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| **Backup Contact NAME:** |  | **CONTACT NUMBER:** | **CONTACT EMAIL:** |
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| **First Name** | **Surname** | **Phone** # **/Email** | **Group** | **Photo** Y/N | **Arrival** | **Depart** | **Emergency** # | **Medication** |
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| **First Name** | **Surname** | **Phone #/Email** | **Group** | **Photo** Y/N | **Arrival** | **Depart** | **Emergency** # | **Medication** |
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