Bishops Wood Bioblitz

Booking Form

Please fill in and return to r.davies3@field-studies-council.org

|  |  |
| --- | --- |
| **Name of participant:** |  |
| **Phone number:** |  |
| **Email:** |  |
| **Dietary information:** |  |
| **Medical information:** |  |
| **Any other information:** |  |

**Insurance**

Everyone on an FSC course is covered by our blanket insurance policy – see link below.
<https://www.field-studies-council.org/media/5290157/School-Journey-Policy-Summary-2019.pdf>

**I have read and accept the FSC Booking Conditions:**<https://www.field-studies-council.org/individuals-and-families/booking-information.aspx>

**Signed by Participant: Date:**