**Your Societies - Passenger List**

Please fill out ALL sections of this form for everyone attending the trip.

Please check with any passengers if they have any allergens or medical conditions that trip leaders need to be made aware of.

| **Name** | **Email** | **Telephone no.** | **Next of Kin Information** | **Allergens or Medical Conditions**  |
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| **Name** | **Email** | **Telephone no.** | **Next of Kin Information** | **Allergens or Medical Conditions**  |
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Add additional pages as required.