

Ledbury Community Day 2015 on Saturday 6th June

Participant's Form Page 1

PLEASE RETURN BY 15th April for inclusion in the printed programme

Name of participating group			
Contact Name (s)			
Contact Phone:		Contact Email:	
Contact Address:			
Group's normal Contact Details for inclusion in the Programme and for Community Action Ledbury	Phone:		
	Email:		
<p>Describe the event, display or demonstration that you will be providing - <i>Include, for example:</i></p> <ul style="list-style-type: none"> • <i>What you will do, show, run.</i> • <i>Who will be present</i> • <i>Will you be asking the public to participate? And how?</i> • <i>Will you be collecting for your group or a local charity?</i> • <i>What message do you want to present?</i> <p><i>This section will be used for your entry on the Ledbury Community Day website</i></p> <p><i>Please send us (via email) photos (JPG) suitable for publicity on our website etc.</i></p>			
	Photo(s) sent	Yes / No / To Follow	
Will you be joining with another group on the day? <i>Name group</i>			
Where will you be running your display or event? <i>Provide address</i> OR Identify what public space you need – indoors/outdoors and size (<i>see Invitation Letter re possible venues</i>)			
When on the day will you provide your event or display? <i>e.g. "10am to 2pm" or "at 11am"</i>			
Can you provide us with space for any other groups to perform or display?	YES / NO	Please state what space you have	

Phone us on 01531 634788 (Paul) or 01531 633637 (Griff) for information

Email: info@ledburycommunityday.org.uk

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Risk Assessment - Please provide the following information to help with the planning and management of the day

1.	Is the activity that your Group is undertaking one that it normally undertakes? YES / NO
2.	If you answered NO to Question 1 – please state what is different:
3.	Is the place where you are running your display or event similar to places where you normally undertake these activities? YES / NO
4.	If you answered NO to Question 3 – please state what is different:
5.	If you answered NO to Question 1 and/or Question 3 Please identify any additional risks that your group may incur and how you will manage them. <i>(Use a separate sheet if necessary)</i>
6.	Does your group or organisation hold Public Liability Insurance? YES / NO
7.	How many people from your group will be taking part? <i>e.g. manning a stand, in a display, running an event</i>

Provide <i>contact details</i> for your group for the day of the event – <i>Saturday 6th June</i>	Name(s): Phone (Mobile): <small>We will only use these details for this purpose – they will not be passed on.</small>
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RETURN FORM to:

Internet: info@ledburycommunityday.org.uk

Post: Finches, Knapp Ridge, Ledbury, HR8 1BJ

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