

United Kingdom Federation of Majorettes

Fire Health and Safety Form

To include all those in attendance at a competition including those competing

Troupe Name

Date

Venue

(*) if under 18 please provide contact number for a parent/guardian

	Name	Please tick as appropriate			Contact Number (*)
		Contestant	Adult	Child	
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United Kingdom Federation of Majorettes
Fire Health and Safety Form (continued)

	Name	Contestant	Adult	Child	Contact Number (*)
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Fire Health and Safety Form (continued)

					Contact
	Name	Contestant	Adult	Child	Number (*)
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