# CHRISTMAS CELEBRATION LUNCH

## Guest Details Information Form

Name: Date of Birth:

Address:

Telephone Number:

Preferred name to be called by:

1. Do you require transport to attend the Christmas Celebration? Yes / No (Please circle)

*(Remove if you as a corps are not able to provide transport)*

1. Any dietary requirements?
2. Is this your first time coming along to the Christmas Lunch Celebration with us? Yes / No (Please circle)
3. Is there anything you wish to tell us to help make your visit more comfortable for you?
4. In case of an emergency please provide details of someone we can contact and please state their relationship to you:

*(If you prefer us to not contact anyone, please leave this blank)*

1. In case of an emergency and a situation arising where we need to seek medical help on your behalf, please share any medication that an attending medical person would benefit from knowing:
2. Would you like us to keep you informed of any future events that may be happening? Yes / No (Please circle)

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME HERE PLEASE

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The personal details you provide will only be used for this event unless you have indicated that you would like us to keep in touch with you in the future. We will keep your data safe. All your details will therefore be carefully disposed of after the event. Please see the privacy statement for further information: [www.salvationarmy.org.uk/privacy-statement](http://www.salvationarmy.org.uk/privacy-statement)