**Senior Vinnie** Group Registration Form

|  |  |
| --- | --- |
| **School Name and Address**:   | **Diocese**: |
| **Mini Vinnie Leader Name**: **Designation** : **Email**: **Phone**: |
| **Local Parish**: **Parish SSVP Contact Name** (if known)   |
| **Start Date**: **Frequency of Meetings**: **No. of Pupils in Group**:  |
| **Declaration**: I understand that all activities undertaken as a Mini Vinnie Group must be in accordance with school rules, required permissions and health and safety guidelines. I also agree that only children with photographic permissions will be included in any pictures/videos sent to and used by SSVP Scotland. Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **Office use only****Resources Issued**: Pencils x \_\_\_\_\_ Badges x \_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_ Initials\_\_\_\_\_Conference Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Notes**: |

