

Fire Register

Group Name:	Date:
Number of children & Young people:	Number of adults:

Group Leader – Please ensure you complete *both* sections of the form below:

Section One – Please list the names of guests staying in our rooms.

Salhouse	Hickling	Malthouse
1	1	1
2	2	2
3	3	3
4	4	4
5	5	
6	6	Horsey
7		1
8		2
9		3
10	Barton	4
	1	5
	2	6
	3	
	4	Attic (Overspill only)
Rollesby	5	1
1		2
2		3
3	Ormesby (for adults normally)	
4	1	
	2	
		Outback (Overspill only)
Filby (for adults normally)		1
1	Rockland (for adults normally)	2
	1	3
	2	4

Section Two – Visitors during your stay

Please list the names of any visitors you are expecting at any time during your stay.

Important: It is your responsibility to ensure that any visitors who join in activities have completed a medical form. *If you are not expecting any visitors please tick here []*

Name	Day & time of arrival/dept	Adult [A]; young person [YP]; child [C]
1		
2		
3		
4		
5		

Leaders name: **DECLARATION: I have been shown the fire exits, I have declared all expected visitors & I understand that damage to the games room ceiling will be charged (£5 per item)**

Signature: Checked by: