

Horstead Centre Fire Register

Group Name:	Date of visit:
	Date form completed:
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 (blue)	Hickling (blue)	Filby (blue) (for adults normally)
1	1	1
2	2	Horsey (brown)
3	3	1
4	4	2
5	5	3
6	6	4
7	7	5
8	8	6
9		7
10		8
	Barton (brown)	Attic (Overspill only)
12	1	Right
13	2	1
14	3	2
	Rollesby (blue)	Left
1	4	1
2	5	2
3	6	3 floor bed
4	7	4 floor bed
5 floor bed	8	
	9	Outback (Overspill only)
	Malthouse (brown)	Ormesby (blue) (for adults)
1	1	1 back right 5 back left
2	2	2 back right 6 back left
3	3	3 back right 7 back left
	Rockland (brown) (for adults)	4 back right 8 back left
4	1	9 front
5 floor bed	2	10 front

(blue) These rooms are on the back half blue carpet side of house. **(brown)** Front half brown carpet.

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]	Extra meals		
			D	B	L
1					
2					
3					
4					
5					

Leaders name:	DECLARATION: I have been shown the fire exits, I have declared all expected visitors and I understand that damage to the games room ceiling will be charged at £5 per item
Signature:	Checked by: