

## REGISTRATION FORM

Please complete this form and have it ready to present to staff at the beginning of your Astronights.

Please write your booking name here:

### Emergency contact name and number

**This person must be someone who is not attending Astronights.**

Emergency contact name:

Emergency contact number:

Please write the names of all those who are attending on the back of this sheet. The names are placed on our official register, which will be used to take a roll call in case of an emergency. If necessary, please continue your list of names on an attached sheet.

I confirm that the names given are those of my entire party and I take full responsibility for these people while they are in the Science Museum.

This responsibility includes:

- Listening to Science Museum staff and following their instructions
- Staying with your group at all times
- Addressing the behaviour of children in your group if they are impacting on the enjoyment of other campers
- Ensuring your group doesn't disturb those who are sleeping

**I also agree that I, and the other adults in my group, will abide by the following rules:**

- No smoking, including e-cigarettes, in the building
- No alcohol
- No candles or knives for birthday cakes

If our staff think you may be causing unreasonable offence to other visitors, impacting on the enjoyment of other campers or are endangering yourself, others, our property or our collections, they will ask you to stop. Our staff have the authority to escort you from the museum premises if necessary.

Signed:

Print name:

# CHILDREN

	Name of child	Age
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

	Name of child	Age
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		

# ADULT

	Name of adult
1	
2	
3	
4	
5	
6	

	Name of adult
7	
8	
9	
10	
11	
12	