## **Exeter Monopoly Run 2025**





Name of Group*:		
Group Leader Name*:		_
Group Leader Telephone*:		
Group Leader Email*:		
This email will be used for commun	nications about the Monopoly Run	
	one numbers that this team will be using on the o	day
Mobile Number 1*		
Mobile Number 2*		
If the leader in charge will be state:	on an alternative number, then please	
Team Details		Scout/Guide
		Explorer/Ranger Leader
Name of Team Member 1*		
Name of Team Member 2*		
Name of Team Member 3*		
Name of Team Member 4		
Name of Team Member 5		
Name of Team Member 6		
Minimum of 3 & maximum of 6 peo	ple per team	
Dietary Requirements  Please tell us how many team members have a particular requirement so that we know for catering purposes - if zero for each please indicate this  No. of Vegetarians:  No. of Gluten Free:		
Other: - e.g. allergy - please specify		
promotional purposes which map photographed, then please enswe can ensure they are not in a statement above and ☐ there are NO PROBLEMS v	ring the event which will be used to help celebrate the ay include online and in the press. If your team has are ure you make the Monopoly Run Team aware of who my photos. Please confirm that you have read and ure with photos being taken of this team	nyone that cannot be this affects so that
☐ there are members of this team that CANNOT BE PHOTOGRAPHED		

Reference: EMR[sectionname] - eg EMR6thscouts