Exeter Junior Monopoly Run 2025





| Name of Group*: | |
|--|-------------------------|
| Group Leader Name*: | |
| Group Leader Telephone*: | |
| Group Leader Email*: | |
| This email will be used for communications about the Monopoly Run | |
| Please list two mobile telephone numbers that this team will b | e using on the day |
| Mobile Number 1* | |
| Mobile Number 2* | |
| If the leader in charge will be on an alternative number, then please state: | |
| Team Details | Cub / Brownie 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 people 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 | |
| | |
| Photo Consent It is proposed to take photos during the event which will be used to help celebrate the event and for future promotional purposes which may include online and in the press. If your team has anyone that cannot be photographed, then please ensure you make the Monopoly Run Team aware of who this affects so that we can ensure they are not in any photos. Please confirm that you have read and understood the statement above and ☐ there are NO PROBLEMS with photos being taken of this team | |
| ☐ there are members of this team that CANNOT BE PHOTOGRAPHED | |

Field