

## 2012 Torch Relay Route Community on route activity record form

So that we can understand and record the community activity that you are planning along the London 2012 Games Torch Relay route, we require you to complete and submit this event record form **by Thursday 12 April**. This deadline is so that we have enough time to understand and assess the countywide picture leading up to the event.

The information that you submit will only be used to assess the type of activity and its safety and transport issues to ensure that together we create a unique, memorable celebration of the Olympic Games experience in Gloucestershire for its residents and visitors.

Thank you

Gloucestershire Torch Relay Task Force

Name of community on route: (such as town/village hosting the event)	
Date when you are proposing event/activity:	<input type="checkbox"/> Wednesday 23 <sup>rd</sup> May <input type="checkbox"/> Other - please state.....
Title of event/activity:	
Specific location of event/activity (post codes, street and place names):  Please attach map if necessary	
<b>Event organiser name</b>	
Contact address	
Telephone number – home Telephone number – mobile	
Email address	

**Please complete all sections of the form**

**1. Description of activity:****For the London 2012 Torch Relay Route**

Please provide details below of the full range of activities you are planning for your event including food, beverages, music, entertainment activities etc

**Activity timetable:****Date of event:**

Set up time

Event start time:

Event end time:

Approximate number of people organising/working at event?

**Additional contact names****Tel No / Mobile No:****Email address**

<b>2. Health and safety planning :</b>		
How many people do you expect to attend your event?	<b>Adults</b>	<b>Children</b>
Will there be children under the age of 14 as part of your activity?	<b>Yes</b>	<b>No</b>
Will you have adult supervision for minors?	<b>Yes</b>	<b>No</b>
<b>First aid/medical provisions:</b> Will you have a qualified first aider overseeing your event?  Please detail any other health & safety arrangements you will have in place to oversee your event safely	<b>Yes</b>	<b>No</b>

<b>3. Traffic management &amp; parking</b>	
As there will be no parking allowed on site, and potentially a series of restrictions to traffic and parking, please describe how you will arrive and where you will direct participants to park their vehicles	

**4. Please include any other information which may assist us in coordinating the event:**

Signed: .....

Print Name: .....

Date: .....

**PLEASE ENSURE THAT YOU KEEP A COPY OF YOUR COMPLETED FORM FOR YOUR RECORDS.**

**Please return to:**

**Craig Mortiboys (Olympic Lead Officer)  
Leisure@Cheltenham  
Tommy Taylors Lane  
Cheltenham. GL50 4RN**

**Or email to: [craig.mortiboys@cheltenham.gov.uk](mailto:craig.mortiboys@cheltenham.gov.uk)**

**For an informal chat about a proposed event please contact Craig on 01242 775121**

**Please ensure that this completed form is returned by Thursday 12 April**