## A/s

## Notification: \*short camp/holiday/sleepover

CLICK ON EACH LINE AND TYPE IN DETAILS. SELECT STARRED\* ITEMS FROM EACH DROP-DOWN MENU AS APPROPRIATE.

Unit *	Number of Guides	Rangers	Activities planned
County	Young Leaders	Guiders	
Start date	Other adults: women	men	
End date	Total number of participan	ts	
Address of *	Guider Surname		I have read and agree to abide by the requirements of the current edition of <i>The Guiding Manual.</i>
Postcode	First names Address		I have made adequate provision for members with disabilities.
C Sleepover host's name			I have followed the guidelines for sleepovers.
OS sheet no.	Postcode		Home contact procedure established     Signed:
Six-figure grid reference	Licence holder *		— Guider-in-charge (date)

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