



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