

Activity Notification

Group _____ Section _____ Date of Act. _____

Leader In Charge _____ Tel: _____

Authorised Leader * _____ Tel: _____

Home Contact _____ Tel: _____

Number of: Adults _____ Young Persons _____

Type of Activity: _____

Brief Description of Planned Activity: _____

I have read the Rules of the Scout Association relating to the proposed activity and confirm that, where required *, an appropriately Authorised person is attending.

Signed _____ Print _____

NOTE: This must BE WITH your DC/ADC (Act.) at least 7 days before event

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