

Guide Camp Permit Assessment Request Form

Please submit this form to the appropriate County Adviser via your District Commissioner and Division Adviser, as soon as possible, preferably 6 weeks prior to the event.

Date of Proposed Assessment: _____

Name of Guide: _____

GG Membership Number: _____

Address: _____

_____ Postcode: _____

Unit: _____

Division: _____ District: _____

Details of your camp: _____

Full address of site: _____

_____ Post Code: _____

Location of site OS sheet: _____ Grid reference: _____

Names of Patrol Members (including GG membership number):

(Minimum 4, maximum 8 including yourself, if 2 have camped before, if not maximum 5)

Unit Leader's signature _____ Date: _____

Unit Leader's contact email: _____

Division Outdoor Activities (Guides) Adviser's signature _____

Date: _____

