SOUTH AFRICAN SCOUT ASSOCIATION – CAPE WESTERN AREA

APPLICATION FOR CUB CAMPING / PACK HOLIDAY PERMIT

Pack Scouter to complete in DUPLICATE, pass to ADC (Cubs) for approval and submit to Area Headquarters at least 21 days before the camp.

GROUP: .....**DISTRICT:** .....

DATE OF CAMP: From:.....To:.....

PRECISE ADDRESS OF CAMP: .....

.....

IN DISTRICT:.....

NEAREST DOCTOR: .....

Surgery Address: .....

.....Phone: .....

Home Address: .....

.....Phone: .....

Means of transport to reach doctor or telephone: . .....

PACK SCOUTER IN CHARGE OF CAMP: .....
(block letters)

Rank:.....Phone: .....

Home address:.....

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CUB CAMPING LICENCE HOLDER: .....
(block letters)

Rank:.....Phone: .....

Home address:.....

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Number of uniformed Scouters in camp:.....

Number of adult helpers:.....

Number of Scout helpers: .....

Number of Cubs in camp: .....

DESCRIPTION OF ALL ACTIVITIES TO BE HELD AWAY FROM CAMP:

Activity	Date	Time To	Time From

All parents / legal guardians have been notified of the above activities and have signed consent forms which I have in my possession.

In accordance with Rules 907-909 and 913-917, I request approval to hold the above camp. I am aware of the rules covering swimming, boating and camping, and the requirements of Cub Camping detailed in "Camping with Cubs". I understand that in terms of Rule 701.3 Cubs must wear proper uniform whenever they appear in public, outside camp limits.

I have inspected the campsite myself and ascertained that it is clean and not in frequent use by the public. It satisfies Cub Camping standards and has adequate wet weather shelter. I will ensure that vegetation is protected, soil erosion avoided and precautions taken against the danger of fires. We shall leave the site clean.

I shall take only those Cubs whose parent / legal guardians have given written consent.

I attach for your approval:

- A copy of the notice to parents giving particulars of the camp and the route to find it;
- A copy of the camp programme.

APPLICANT'S SIGNATURE: .....Date:.....

APPROVED BY:..... DC / ADC Cub Programme
(block letters)
Rank: ..... District:.....Date:.....

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RECEIVED AT AREA HEADQUARTERS BY: .....Date:.....

The above application has been approved and a permit to camp has been granted.

CAMP TO BE INSPECTED BY: .....

DATE PERMIT ISSUED: .....

SIGNED: .....Date:.....
(Assistant Area Commissioner Cub Programme)

REMARKS: .....

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