

1st Shepperton (St Nicholas) Scout Troop



Return Form: B

GENERAL INFORMATION

Name of Child	
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It is extremely important that all parts of this form are completed as accurately as possible.

Event Title	
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Dates		Day of the Week	-	Day	-	Month	-	Year
	From		-		-		-	2 0
	To		-		-		-	2 0
		Day of the Week		Day		Month		Year

Venue	
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PARENTAL CONSENT

I hereby give permission for my child (named above) to attend this Scouting Activity. I have read the information sheet / spoken to the leaders and give permission for my child to take part

Parent / Carer's Signature		Date	
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NEXT OF KIN

Name/s	
Address	
Phone No.s	

OTHER INFORMATION

Please state any other information which may be helpful to the leaders/event organisers

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